

# The Hidden Role: A Focused Ethnographic Study of the Nurse Link Tutor in Higher Education

ELIZABETH SUSAN CLIFTON

S.R.N., National District Nursing Cert., B.Sc. (Hons) Health Studies - Primary Health Care., M.Sc. Health Policy and Management., P.G.C.E. (HE).

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## Abstract

Despite long standing debates relating to the role and function of the nurse teacher who acts as a link tutor in Higher Education, there is little understanding and evidence relating to their practice role. This focused ethnographic study sought to identify the role, the complexities and challenges, and future role requirements of the nurse link tutor, while supporting undergraduate, adult field nursing students on clinical placements. A guiding theoretical framework of symbolic interactionism used throughout this study contributed to an interpretation of the nurse link tutors' role from participants' perspectives and an understanding of the factors that affect and influence their role.

This two phase study employed purposive sampling of nurse link tutors working in practice teams, spanning two hospital trusts. The first phase sought understanding using participant observation and informal interviews using the Developmental Research Sequence method (Spradley, 1979). Data collection in phase one took place over eleven months of field work, followed by a second phase focus group with the same nurse link tutors. The focus group helped to confirm findings from phase one as well as gain further insight into the role and future role requirements. Researcher reflexivity was important and integrated throughout this study.

Data analysis in phase one applied domain and taxonomic analysis (Spradley, 1979) followed by Leininger's (1985) thematic and pattern analysis in the second phase. A symbolic interactionist approach used the application of "generic social processes" (Blumer, 1969; Prus, 1996) as an interpretive framework. The role was found to be emotionally demanding and a number of tensions and challenges were identified involving a constant juggling of an academic and practice role in order to support students in practice and enhance practice learning.

This study revealed unknown aspects of the nurse link tutors' practice role, involving emotion work in the supportive aspects of their role in practice. This contributed to their professional nursing identity, however, the emotional labour they carried out remained hidden and unrecognised.

Study recommendations for the nurse link tutor role, come at a time of new education standards for student nurse supervision and assessment (NMC, 2018) involving changes to roles in practice. However, in order for the nurse link tutor to fulfil a credible role in practice, there is a need for greater clarity of their role and support to enable them to juggle an academic and practice role. The emotion work and emotional labour they carry out should be made more visible and recognised. In order to develop and enhance their future professional role as nurse educators in practice they should be taking a leadership role and working with practice learning partners to enhance practice education.

This study offers a contribution to knowledge of the insights into the emotion management perspective as applied to the nurse link tutor's experience of emotionality and how they manage their emotions to express their professional role identity.

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## Glossary

**CLINICAL PRACTICE FACILITATOR:** the title for a registered nurse who is employed by the hospital trust and is responsible for supporting mentors and nursing students on placement.

**MENTOR:** the term used in this study for a registered nurse who has the role of providing support, guidance and assessment of student nurses in the clinical practice setting.

**SIGN-OFF MENTOR:** the title for an experienced nurse mentor who is required to sign off learning competencies for a student nurse in their final placement in year three.

**NURSE LINK TUTOR:** the title for a senior nurse lecturer who is employed by the university to teach undergraduate nursing students. An additional aspect of the role involves a link role within the clinical practice placement setting. The link tutor has completed a Nursing and Midwifery Council (NMC) approved teacher preparation programme or equivalent and is recorded on the NMC register.

**NATIONAL HEALTH SERVICE (NHS) TRUST:** an organisation where hospital and community services are provided and where nursing students are placed for clinical learning purposes.

**PRACTICE TEAM:** the term for a group of staff - from the NHS trust and academic staff from the university - who work together as a team within the practice placement setting. Each NHS trust has a practice team.

**PRACTICE ASSESSMENT DOCUMENT (PAD):** the term used in this study for the student nurse's clinical assessment document.

**PERSONAL TUTOR:** the term for a senior lecturer in nursing who provides support for individual students assigned to them for the duration of the three year undergraduate programme.

**SENIOR LECTURER (Nursing):** is a member of "Academic" staff, employed by the university to teach nursing and has completed a NMC approved teacher preparation programme or equivalent and is recorded on the NMC register.

**WOLVERHAMPTON ON-LINE LEARNING FACILITY (WOLF):** the term for the University of Wolverhampton online learning platform used by students, staff and NHS trust partners as a vehicle for communication.



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## **Chapter 1 Introduction**

This focused ethnographic study sought to establish a greater understanding of one aspect of the Senior (Nurse) Lecturer role in one Higher Education Institution (HEI) providing Adult Nurse Education, preparing student nurse's to enter the Nursing and Midwifery Council (NMC) register.

The focus of the Senior (Nurse) Lecturer role explored in this thesis is locally titled "Link Teacher". Of the fifty three senior (Nurse) lecturers employed in the faculty at the time of the study, thirteen were allocated one fifth of their whole time equivalent workload to perform the "Link Teacher" role. Appendix 1 provides a copy of the organisational policy/guidance of the "Link Teacher" role and responsibilities at the time when this research was conducted.

This chapter commences with an account of the background to the study, followed by an exploration of the "Link Teacher" role. The challenges of the role are then discussed, followed by a justification for conducting the research. The chapter concludes with the research questions and aims, leading to a final overview of the thesis, content and structure.

### **Background to this study**

To understand the "Link Teacher" role involved in practice education and set this study in context, it is important to consider the background to the study before a discussion of the historical and evolutionary development of the role. Within this study, the focus is on the practice role of the Link Teacher and the term "nurse link tutor" has been adopted throughout the thesis. At the time of this study this term is consistent with that used by the NMC (NMC, 2008, p. 39) to refer to nurse teachers in Higher Education who support practice-based learning and act as a clinical teacher or link tutor.

The nurse link tutor role varies across educational institutions (Walsh, 2010) and no agreed definition exists. Hardy and Hardy (1988, p. 165) refer to the term "role" as both the "expected and the actual behaviours" connected with a "position". The Nursing and Midwifery Council (NMC) (NMC, 2008) define a "teacher" as a nurse or midwife who has completed an NMC approved teacher preparation programme or equivalent and is recorded on the NMC register. The NMC teacher standard, at the time of the study (NMC, 2008) is currently mandatory for nurses and midwives in

Higher Education who contribute to the learning and assessment of student nurses on NMC approved programmes.

The positioning of the researcher has been important throughout this study. As a Senior (Nurse) Lecturer who previously held a nurse link tutor role, I felt empathy towards the nurse link tutors, having been previously immersed in their cultural world. This, it was hoped, would enable me to "present the reality of everyday life" (Berger and Luckmann, 1966, p. 37) as experienced by the nurse link tutors. At the start of the research journey I was able to reflect on my role as a nurse link tutor, a role I believed helped me to stay in touch with nursing practice which I felt was important as a nurse educator, and a role which provided a valuable support to student nurses when in the practice settings. However, as a nurse link tutor I felt a growing dissatisfaction and frustration that the role, as well as my skills and knowledge, were not fully utilized and there was a lack of development opportunities.

The study was conducted within two National Health Service (NHS) Acute Trust Hospitals, referred within this thesis, using pseudonyms, as "Eliot Trust" and "Blake Trust". In each trust there was a "Practice Team" consisting of two nurse link tutors from the HEI and three staff from the trust referred to as "Practice Placement Facilitators", who worked together to support student nurses on clinical placements, which the NMC refer to as "practice learning opportunities" (NMC, 2010). At the time of the study the HEI Adult Nursing Faculty comprised five practice teams who linked with five hospital trusts. Further contextual information concerning the nurse link tutor and study setting will be provided at the start of chapter 4 in this study.

The research commenced in an NHS trust I was familiar with, which provided me with knowledge of and existing relationships with the nurse link tutors and what I thought was an opportunity to conduct the study. It soon became evident I could not effectively research the role from an "insider status" (O'Reilly, 2012), because of my role as a nurse link tutor, I was too familiar with the role and with the participants. I decided I needed to take an "outsider" role, which would enable more objectivity when presenting the views and perceptions of the nurse link tutors. Despite considerations of researcher role status, as the study progressed, I came to realise that this had taken on a different dimension and I was situated more in the middle (Dwyer and Buckle, 2009), neither an insider nor an outsider, which I discuss later in

this thesis. My reflexivity within this study is integrated in ongoing reflective diary entries (Appendix 3) and a researcher biography (Appendix 4), which provides an account of my research journey and professional background.

### **The role of the nurse link tutor within the HEI**

Following a previous review in 2008 of the role and responsibilities of the nurse link tutor in the study HEI, it was decided to reduce the number of Senior (Nurse) Lecturers undertaking the role and introduce a new model to support student learning in practice. At the time of the study a team of nurse lecturers were given allocated time to undertake the role in practice as nurse link tutors, this was in addition to their role as senior lecturers in Adult Nursing. Lecturers were allocated to each of the five hospital trusts, working closely with trust staff, in particular Practice Placement Managers or Clinical Practice Facilitators, to form a Practice Team in each Trust. This study is set within this model of practice-based support and roles (see organisational role guidance at the time of the study - previously mentioned in Appendix 1).

### **The changing role of the nurse link tutor**

In order to consider the changing role of the nurse link tutor over time, three defining points and their corresponding models of nurse education have been considered. The first concerns the role before the implementation of the Project 2000 (P2K) curriculum (UKCC, 1986), the second, during the emergence of Project 2000 including the transition into HE and thirdly, the role, post Project 2000. These are illustrated in Table 1, and now described in more detail.

<b>Point in time</b>	<b>Dates</b>	<b>Key elements of nurse education</b>
Pre-Project 2000	Pre-1989	Nurse training based on an apprenticeship model at Certificate Level  Schools of Nursing attached to District General Hospitals
Project 2000	Post-1990s	Nurse education located within higher education. Supernumerary model at Diploma Level
Post-Project 2000	Post 2000	Partnership model based on sharing of responsibility for practice learning between HEIs and the NHS.  Competency-based model of nurse education

		Degree level
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Table 1: Defining points in time in nurse education

### Pre-Project 2000

Historically, there were two grades of nurse teacher: the Registered Nurse Tutor (RNT) and the Registered Clinical Nurse Teacher (RCNT) both employed in Schools of Nursing attached to District General Hospitals. They were educationally graded and prepared differently and in theory they had different roles. Slowly, the RCNT role was phased out, and it was suggested the RCNT had encountered a number of problems that concerned: lack of a clear role, conflict, status of the role and dissatisfaction (Lathlean, 1992; Norcliffe, 1993; Mallik, 1993). At this time, the assessment of student nurses in practice was performed by clinical assessors, namely the Ward Sister or the RCNT. Further assessors for the statutory practice assessments evolved after the English National Board (ENB) introduced the ENB 998 Teaching and Assessing in Clinical Practice qualification.

A driving force for the development of the role of the Registered Clinical Nurse Teacher (RCNT), according to Cave (2005, p. 647) had been the need to “guide” the student in the “application of theory to practice”. Nurse education was conducted mainly under the "system of apprenticeship", with nursing students being "employees" and "learners" (Wong and Wong, 1987, p. 506) but this model of education according to Glen (2009, p. 498) was criticised as it lacked adequacy and effectiveness, as the student was used as a "pair of hands" and registered nurses were not prepared or remunerated for their role as teachers (King's Fund Centre, 1984).

In an endeavour to better integrate theory with practice, strategies such as joint clinical-teaching appointments were created, with responsibility for educational and practice settings (ENB, 1996). These roles were one means of "enriching nurse education" but in an appraisal by the King's Fund Centre (1984, p. 35) were complex, demanding and time limited. Wright (1988) believed these roles were affected by problems relating to role conflict as a result of combining roles and stress as a result of the multi-dimensional nature of the role.



### Project 2000

The change from a traditional apprenticeship model of nurse education to a new educative approach saw the emergence of Project 2000 programmes (UKCC, 1986), a supernumerary model (Glen, 2009, p. 499) and an increase of the academic demands from certificate to diploma level. At this time there were major changes in pre-registration nurse education in order to improve the quality and academic recognition of nursing. This model of education led to the demise of the RCNT and the development of a single grade of nurse teacher who was supported by clinical mentors in practice. Crotty and Butterworth (1992, p. 1378) suggest three factors were driving this change in role: firstly, there was an amalgamation of schools of nursing and the creation of links with HEIs, secondly, there was a change in the content and academic level of the programme, and thirdly, the supernumerary status of the student allowed the programme to be "educationally led, rather than service driven".

The role of the nurse teacher and the introduction of Project 2000 led to the need for nurse teachers to be graduates in a specialist subject in order to teach at diploma level and maintain their professional expertise (Webster, 1990, p.21). In addition, Barrett (2007, p. 368) proposed the transfer of nurse education into HEIs provided a "workload challenge" for nurse teachers, combining academic roles of research, publication and income generation with their clinical role. Gerrish (1992, p. 230) identified that Project 2000 resulted in the drive for students to assume increased responsibility and autonomy for their own learning, and become reflective practitioners, able to critically analyse and evaluate their clinical practice needs and skills. This, in turn, placed additional emphasis on clinical staff, with the nurse teacher required to offer educational support. This model, according to Glen (2009, p. 499), was criticised for being theory driven with little room for nursing practice.

According to Day, Fraser and Mallik (1998), a report commissioned by The English National Board (ENB, 1996) investigated the role of the teacher/lecturer in practice nationally. The report proposed a wide variation in the quality and quantity of time spent in practice with an allocated 20% of time for practice activity recommended. Also identified was the practice role of the nurse lecturer as a "Link Lecturer", which according to Chapple and Aston (2004, p.144) was based upon a model of lecturers being assigned to a particular placement speciality to provide a link between

education and practice. The advantage of this role was a named point of contact for both students and practitioners with an additional responsibility for monitoring the quality of the learning environment (Chapple and Aston, 2004). However, Day, Fraser and Mallik (1998) proposed that the link lecturer model was not consistent or effective and that expectations of the role were unclear, due to a lack of guidance.

### **Post-Project 2000**

The third defining point in this changing role of the link tutor developed in response to the report "Fitness for Practice" (UKCC, 1999), which concluded that nurses graduating from diploma programmes did not possess the required practice skills and recommended better support systems and innovative approaches to practice education. The nursing strategy "Making a Difference" (Department of Health, 1999) proposed a new model of nurse education based upon: competencies, achievement of practice skills, enhanced quality of placements and lecturer support to help students achieve practice skills. With the development of NMC Essential Skills Clusters (NMC, 2008) and standards to support learning and assessment in practice (NMC, 2010), a partnership model of education developed between higher education institutions and the NHS (Glen, 2009, p. 499), with a shared approach to the responsibility for students' practice learning. The NMC (2008) recommended that nurse education became an all graduate registered nursing workforce and the later publication of new standards for pre-registration nursing education (NMC, 2010) provided a framework for nursing education programmes. These standards had an impact on the role of the nurse teacher as all pre-registration programmes would now be at degree level and fifty per cent of the programme would be delivered in practice.

The report "Placements in Focus" (ENB/Department of Health, 2001) emphasised the need to develop structures and mechanisms for the quality of placement learning, supported jointly by both education and service. Initiatives such as Chapple and Aston's (2004, p. 145) "Practice Learning Teams", consisted of nursing practice staff and lecturers working collaboratively to support student learning and assessment, replacing the "link lecturer" scheme. Based upon this initiative the term "nurse link tutor" has been used in this study to refer to nurse lecturers who work collaboratively with Trust staff in the "Practice Learning Team", although this term is not universally used.

## **The role of the nurse link tutor in practice education**

Currently student nurses spend half of their nursing degree programme on clinical practice placements. It is therefore important that nurse educators are encouraged to engage with the clinical aspects of the programme with as much priority as is given to academic teaching and research. Benefits are suggested in nurse educator's engagement in the clinical practice element of the programme to the quality of teaching and learning, but nurse educators face barriers (Williams and Taylor, 2008, p. 906). Williams and Taylor (2008) propose this work is not valued by the HEI and that nurse educators need to articulate their value and role within higher education.

Practice learning should help the student nurse relate the theory taught in the classroom to learning in practice (Gillespie and McFetridge, 2006) and the development of practice competencies. At the time of this study student supervision and assessment in practice is supported by a clinical mentor who is a registered nurse who has completed an NMC approved mentorship programme (NMC, 2008). Mentors act as role models and guide students to achieve practice competencies and skills, but this is through a shared responsibility for student learning between NHS employees and nurse educators that competent nursing practice is achieved (Field, 2004).

The importance of mentorship and the quality of practice learning were considered in recommendations made by the Willis Commission (2012) for the future nursing workforce. Student learning in practice is dependent on many factors, some from the support of nurse educators. The clinical mentor is professionally responsible for student supervision and assessment in practice, and dependent on the mentor's judgement of the students' clinical performance (Duffy, 2003, p. 81). Support is essential for the mentor and this is provided by the NHS trust and the nurse link tutor from the higher education provider working together in taking joint responsibility for decisions (Duffy, 2003, p. 81). Creating supportive positive practice learning environments is essential, offering students' experience in a wide variety of settings.

Reports such as the Willis Commission (2012), Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013) and Keogh (2013) emphasised the need for nursing care to be patient-centred, safe and compassionate. More recently the

"Shape of Caring" review (Health Education England, 2015) considered if the current education and training of care staff and registered nurses was fit for purpose, proposing the importance of pre-registration nursing in producing future nurses. The review recommended pre-registration graduate nurse education and training should focus on practice and decision-making skills. The Willis Commission (2012) also note that degree preparation for nursing students will not be successful without an expert nursing academic workforce. It is therefore necessary to articulate the role of the nurse link tutor in nurse education and discuss proposals for their future professional role.

### **Discussion of the debates relating to the practice role of the nurse tutor**

This introductory section highlights the long-standing debates related to the role of the nurse link tutor in practice; this understanding is of relevance to this study. Debates have focused on a lack of a clear definition of the role in practice (Ramage, 2004) and the need for further research, which was a driving force in this study.

The transition of nurse education from colleges of nursing involving a vocational training, to a university-based education, has required nurse tutors to juggle an academic role involving teaching and research with a role in the clinical setting supporting nursing students. Clinical nurses act as mentors to students but they are supported by nurse tutors who act as a link between the higher education institution and the practice setting, supporting the mentor to make the link with theory and practice (Gillespie and McFetridge, 2006). The complex nature of the role of the nurse link tutor has caused a tension relating to identifying, how and who should support students in practice and what support is required in order to help students make the links with theory and practice (Gillespie and McFetridge, 2006).

In response to concerns about student nurse support, support roles for students in the practice setting developed, such as the Practice Education Facilitator (Leonard, McCutcheon and Rogers, 2016), but these have added to a further lack of clarity to the nurse tutors' role. Clarke, Gibb and Ramprogus (2003, p. 112) evaluated the impact of the practice placement facilitator role and identified that there was a sense of "marginalisation" felt by both the practice placement facilitator and nurse link tutor in their engagement with their roles as they were working in the "margin between Higher Education and NHS Trusts". The role of the nurse link tutor was marginalized

as they were viewed as "not academics" by the university and "not practice credible by the Trust" and probably as a result of taking on a role in practice that belonged outside the "social group" of practice staff (Clarke, Gibb and Ramprogus, 2003).

As a result of concerns relating to the nurse tutors' practice role, such as: a lack of role clarity (Crotty, 1993), maintaining a perceived need for clinical credibility in clinical practice and role conflict as a result of balancing multiple roles (Clifford, 1993, 1996 and 1999), nurse tutors have adopted strategies to try to enhance their role and provide a credible "social niche" (Hardy and Hardy, 1988, p. 34) for themselves in the practice setting. Duffy and Watson's (2001, p. 553) interpretive study highlighted nurse tutors' experiences of their clinical role from focus group research. A multifaceted role in practice was discovered which identified different "role patterns" relating to: "being an: advisor, supporter, regulator, interpreter and networker". However, the researchers make no recommendations for how the role could be developed and sustained for the future.

Other researchers have investigated the nurse tutors' practice role especially as a result of a lack of role definition (Grant et al., 2007), while there have been suggestions that the "clinical linking" aspect of the role in practice should have a more academic focus, which would provide a benefit to clinical staff with current research and nursing knowledge (Mitchell, 2005). A strategy was reported by Murphy (2000) for developing the clinical role through collaboration between nurse educationalists and practitioners, arguing that the liaison, teaching, practice and research elements of the role needed development to make it more meaningful for them in the practice setting. Ramage's (2004, p. 288) grounded theory study identified how nurse tutors had been managing their practice roles during the time of transition into higher education. The core category of the study became "negotiating multiple roles", involving the nurse tutor developing multiple role relationships with others because there was no definition of their role in the clinical setting. Ramage (2004, p. 289) identified the "social process of role transition" had occurred and proposed that their role as "educationalists" had impacted on their prior identity within nursing, initiating a process of marginalisation and "disassembling of self" within their practice role. "Reassembling the self" emerged through the building of multiple role relationships and, finally, "realising the self", developing new identities for themselves that had credibility with others in clinical practice. Ramage (2004, p.

294) proposed key strategies to enhance the impact of this such as, networking within link areas, establishing good working relationships and partnerships in practice that promote professional development in practice. Also, proposing that further research needs to address how nurse educator roles can make an impact in practice.

An on-going debate has continued about the need for the nurse link tutor to maintain a "clinical credibility" (Leonard, McCutcheon and Rogers, 2016), with clinical credibility proposed as a scholarship in the field and the ability to integrate theory to practice in the classroom or practice setting (Brennan and Hutt, 2001; Gillespie and McFetridge, 2006). This does not imply that nurse tutors have to be actively involved in giving hands on clinical care to remain credible and remain "in touch" with the realities of clinical practice (Leonard, McCutcheon and Rogers, 2016, p. 150), yet, others argue that the nurse tutors' practice linking time should involve some direct patient care in order to remain clinically credible (Carr, 2007; Elliott and Wall, 2008). However, these debates have questioned the future role of the nurse tutor in practice and their professional status, with Adams (2011) proposing they have suffered a loss of their professional role identity as a result of being unable to authenticate their professional status or establish their roles as teachers. Professional identity has been linked to nursing practice and has been defined as "the values and beliefs" held, that "guide thinking, actions and interaction" and influences what the person considers are relevant problems, goals and approaches (Fagermoen, 1997, p. 435). More recently, Leigh (2014b, p. 1767) suggested that the nurse link tutor role had been plagued by: "role ambiguity" and "confusion", with limited understanding of the role's effectiveness, plus their "disengagement from practice" in order to fulfil an academic role. While Boyd and Smith (2016, p. 676) and Clegg (2008, p. 330) have investigated the changes to contemporary "academic work and identity" of lecturers in health professional fields in higher education as a result of the increasing complexity of universities and university life.

The role of the nurse link tutor in practice has been identified as important but there are many debates related to its function and the future role. The next section will introduce the new (NMC, 2018) standards for education and training and their potential impact for the future supervision and assessment of student nurses in practice.

## Introduction to the new NMC education standards

This study comes at a time when the Nursing and Midwifery Council (NMC) have completed a consultation process (NMC, 2017) and launched new standards in three parts for the education and training for all pre-registration and post-registration NMC approved nursing and midwifery education programmes (NMC, 2018a; NMC, 2018b; NMC, 2018c). These were effective from the end of January 2019 by approved education providers. Reviews of mentor standards and models of student support in practice, conducted prior to the introduction of new standards (NMC, 2017; Health Education England (HEE), 2016; Royal College of Nursing (RCN), 2016) were instigated against a background of concerns around the quality of nursing and the culture of care (Francis, 2013).

The NMC (2018c, p. 3) proposes that the new standards will enable Higher Education Institutions (HEIs) and their practice learning partners to develop "innovative approaches to education", while working in partnership. The new standards present implications for practice teaching, learning and assessment, as there will be changes to the way student nurses are supported and assessed when in clinical practice placements. The supervision and assessment of student nurses in practice will be provided by two new practice roles: the "Practice Supervisor and the Practice Assessor" (NMC, 2018), with the phasing out of the existing mentorship model of student support in practice. Changes in the preparation and support for these roles will need to be provided by HEIs and practice learning partners working together to meet new standards. This change will bring about a broadening of the supervisory role with student nurses being supervised in practice by registered health and social care professionals who have had some preparation, although this remains unclear within the standards. A stipulation of this approach is that each student will have a different supervisor and assessor (NMC, 2018), unlike the current mentorship model, potentially improving the robustness of the assessment process.

A further new role proposed is the "Academic Assessor" who will be working in partnership with the student's "Practice Assessor". Both roles will have responsibility for ensuring that the student's assessment is "evidence based", "robust", and "objective" (NMC, 2018), with the "Practice Assessor" conducting assessments to confirm student achievement in practice and the "Academic Assessor" collating and confirming student achievement in the academic environment. It is envisaged that

the proposed new "Academic Assessor" role will be carried out by the nurse educator from the HEI, but developing an innovative practice role will require implementation and planning in-conjunction with practice learning partners. A critical debate in chapter two discusses the implications of these new standards and the assessment and supervision of students as a result of new roles, in particular the role of the "Academic Assessor" (NMC, 2018).

### **Justification for this study**

From the evidence presented so far it is clear that there is a need to provide "effective practice-based education" (Leigh, 2014b, p. 1768) for student nurses, ensuring the effectiveness of placements for students and supporting mentors in practice placements (Glen, 2009, p. 50). Duffy (2003, p. 8) investigated the reasons why mentors "fail to fail" students whose clinical competence was poor and identified support from nurse educators and practice partners as important. Duffy (2003) also highlighted the emotional difficulties involved in failing a student in practice and mentor lack of preparation for dealing with these issues.

Lee (1996) reviewed the role of the link tutor in relation to the students' clinical learning experience to identify if there was a clinical role and the causes of variations in the role. Lee (1996) proposed that previous studies had considered structural concerns but not the link tutors' perspectives which may highlight individual factors impacting on the role. These were suggested as missing from the body of research evidence. As a result, recommendations were made by Lee (1996, p. 1133) for future research that should focus more on "identifying, describing and understanding the link tutors' perceptions of their clinical role" using a "qualitative interpretive approach that was grounded in the symbolic interaction perspective". Lee (1996, p. 1133) and Williams and Taylor (2008, p. 901) believed the link tutors' perspective on their role was missing from the body of evidence. These factors impact on the nurse link tutor's ability to contribute to practice learning. It is now important to consider these perspectives and consider the fact that there has been little development of the nurse link tutor role using research based methods. Without a robust evidence base, the role in the future has the potential to lack credibility and become ineffective. This would be to the detriment of pre-registration nurse education.



## **The research questions and aim**

The research question underpinning this study is, "What is the role of the nurse link tutor in supporting undergraduate pre-registration adult student nurses in the practice placement area?" The aim was, "to understand the role of the nurse link tutor as well as the complexities and challenges within the practice learning community". In order to achieve this, a set of sub-questions (Creswell, 1998, p. 101) were developed to guide the research journey:

- What does the nurse link tutor specifically do in their role?
- How does the nurse link tutor carry out their role?
- What factors impact on the role?
- What are the complexities and challenges of the role?

Informed by evidence a final question would seek to establish:

- What is required for the role in the future in order to meet twenty-first century practice requirements?

## **The thesis structure**

Following this opening chapter, chapter two presents relevant literature in order to examine the role of the nurse link tutor and how the role will change further in light of new NMC (2018) education standards. Factors proposed by Clifford (1996, p. 1140) that impact on role performance will be discussed as these all contribute to defining and shaping the role and add to an understanding (Lee, 1996, p. 1132). This chapter will identify gaps in knowledge and leads to a justification for this study.

Chapter three is presented in two parts, the first relates to the study design and methodology, while the second considers the data collection methods. The methodological approach and a rationale are presented and critiqued. This study adopted a qualitative, interpretivist approach, using "symbolic interactionism as a theoretical and methodological focal point" (Prus, 1996, p. 232). The study consisted of two phases of data collection using a form of ethnography, referred to as a focused ethnography (Muecke, 1994, p. 198) or mini-ethnography (Leininger, 1985, p. 35). Data management processes and data analysis are discussed followed by the techniques for ensuring trustworthiness in this study, enabling an understanding of the role of the nurse link tutor.

Chapter four presents the context for the study and then the two phase study findings. In telling this ethnography, a "thematic narrative" strategy has been followed, themes are presented and the story is constructed around these "thematically organised units of field note excerpts followed by analytic commentary" (Emerson, Fretz and Shaw, 2011, p.203). Creswell (1998, p.183) argues the advantage of following this strategy provides a structured outline for an ethnography, while Emerson, Fretz and Shaw (2011, p. 213) propose that a style using excerpts "invites the reader to assess the underpinnings, construction, and authenticity of the interpretations offered".

Chapter five provides an interpretation of findings of the nurse link tutor role using "Generic Social Processes" (Prus, 1996, p. 25) as an analytic framework, leading to discovery and understanding of the role from a symbolic interactionist perspective. Prus (1996, p.151) proposes that social processes, such as "acquiring perspectives", enables researchers to examine and therefore represent people within a culture. Hence the contribution to knowledge of this study focuses on the experiences of the nurse link tutors using a symbolic interactionist perspective (Charon, 2010). Consideration of concepts of "emotion work" and "emotion management" are important in the analysis of the performance of the role from a symbolic interactionist perspective. A conceptual model has been developed from study insights that highlight the interrelationships of the identified influencing factors and perspectives on the practice role of the nurse link tutor.

Chapter six considers recommendations for practice based upon the identified role of the nurse link tutor in this study and proposed further research and role evaluation. Recommendations are made for support and development to enable the nurse link tutor to fulfil a future role in practice. The contributions to academic and professional knowledge are highlighted and the strengths and limitations of the study are proposed. Finally, reflexivity underpinned this study, through a reflective diary; the final chapter considered what had been learnt from this study.

## Summary

The purpose of this study has been introduced as well as an introduction to the valuable role of the nurse link tutor in pre-registration nurse education. There exists a gap in current academic and professional knowledge where new research

questions have been posed to fill this gap. The following chapter will now examine literature concerning the role, in particular considering factors that have impacted on the role. Further academic arguments to justify the research questions are presented at the end of the literature review.

## Chapter 2 Literature review

Literature relevant to this study will be explored thematically, taking account of the proposition that "influencing factors shape the role of the nurse teacher" (Clifford, 1996, p. 1140). Qualitative research has identified that nurse link tutors encounter significant role conflict and lack of clarity when trying to fulfil a role in clinical practice; this has an impact on their experience of the role, such as role satisfaction and may undermine their role as lecturers in nursing (Clifford, 1999). However, we do not know what individual personal conflicts this may cause nurse link tutors and how they are managing their complex roles. We do not know enough about what these factors are and how these factors contribute towards "shaping the role" of the nurse link tutor (Clifford, 1996, p. 1140). Therefore, these factors (Clifford, 1996) have been considered to form a guiding framework and basis for this literature review and explore the role of the nurse tutor in practice, considering:

- Organisational - factors that impact on how the nurse link tutor is enabled to perform their roles
- Social - factors that impact on the role of the nurse link tutor such as their relationships with others
- Individual - factors that may contribute towards the performance of the nurse link tutor role, such as their behaviours, personal and professional identity in their role, and
- Interactions that nurse link tutors have with others who contribute towards shaping and influencing their role.

The search strategy for the literature review within this chapter concentrates on a methodology using qualitative evidence synthesis (Pope, Mays and Popay, 2007). This methodology has been used to review literature related to the role of the nurse link tutor which was then followed by a critical debate on the contemporary role of the nurse link tutor in practice. A second review has focused on nursing emotional labour and has also utilized a qualitative evidence synthesis methodology.

Consideration is then given to an introduction of the "perspective" and assumptions of symbolic interactionism (Charon, 2010, p. 12) as this has been the guiding perspective within this study. The final section summarizes key findings and identifies gaps in academic and professional knowledge.

### Literature review methodology

A qualitative evidence synthesis (Grant and Booth, 2009, p. 99) integrates and compares the findings from qualitative research studies. It is a method for synthesising qualitative data and has origins in the "interpretive paradigm" (Britten et al., 2002, p. 210). During the process of synthesis, themes or constructs are identified from within or across reviewed studies with the aim being to interpret and provide greater understanding of the phenomenon under study. The term "qualitative evidence synthesis" has been used to describe this method (Pope, Mays and Popay, 2007, p. 79), however it is known by other terms, namely "meta-ethnography". Noblit and Hare's (1988) seven step process for conducting a qualitative evidence synthesis were followed. These steps are illustrated further below in Table 2.

Step	Process
1	Identify the area of interest
2	Searching and selection of relevant studies
3	Reading the studies
4	Identify how the studies are related
5	Compare the studies and identify similarities and differences (translation)
6	Synthesise the translations - establish the relationships between the studies
7	Express/communicate the synthesis

Table 2: Seven step process for conducting a qualitative evidence synthesis (Noblit and Hare, 1988)

The qualitative evidence synthesis method has strengths and limitations. As the translation process involves a re-interpretation and transformation of original research findings, there is a risk that the interpretation offered in the synthesis may not match the views of the original researchers (Pope, Mays and Popay, 2007, p. 88) or even fail to do justice to the original studies (Britten et al., 2002). Others argue that it is difficult to synthesise studies that are carried out in different contexts (Britten et al., 2002) as qualitative research is context dependent and it is not possible to generalize concepts across settings (Bowling, 2014). However, as the method has origins in the interpretive paradigm it encourages the researcher to understand and transfer ideas and concepts across research studies (Britten et al., 2002), adding to the body of evidence and therefore in this review would contribute to an

understanding of factors that influence and relate to the role of the nurse link tutor in practice.

All of the studies included in the evidence synthesis were appraised using a framework from the Critical Appraisal Skills Programme (CASP) (Public Health Resource Unit, 2006). The critiquing tool offers a series of questions that deal broadly with the principles that characterise qualitative research and considers issues of rigour, credibility and relevance of findings. A discussion of search methods and findings will be included within each separate evidence synthesis.

### **Evidence synthesis of the role of the nurse link tutor in practice**

I had previously conducted a systematic review to identify the evidence base surrounding which interventions are used by nurse link tutors in practice in Higher Education. Interventions that support pre-registration student nurse learning in practice placements on NMC approved undergraduate programmes were identified. All types of clinical nursing placement and interventions were considered, while the outcome measures consisted of the achievement of practice competencies, knowledge and skills while the student nurse was on a clinical placement.

A two-stage review process (Brunton et al., 2005) was conducted using guidance to support the development and reporting of the review. Firstly, I used the Social Care Institute For Excellence (Coren and Fisher, 2006), The Evidence For Policy and Practice Information and Co-ordinating Centre (EPPI Centre) review protocol (Brunton et al., 2005) and The PRISMA Statement (Liberati et al., 2009). This was then followed by the identification of predefined data inclusion criteria, then a mapping exercise and quality screening, followed by an in-depth review of a sub set of studies.

An initial search using a combination of key terms did not yield relevant primary qualitative literature but a search using a more defined set of terms was repeated: undergraduate student OR student nurse AND clinical placement OR practice placement combined with academic in practice OR nurse link tutor. Sixty eight studies were identified from the search that required screening for eligibility. In total six studies, from 2000 to 2011, met the full inclusion criteria, data was then extracted and documented followed by a critical appraisal using the CASP tool for qualitative research.

The methodological rigour of the studies varied with some of the six studies (Murphy, 2000; Duffy and Watson, 2001; O'Donovan, 2006) not making the process of data analysis explicit and transparent. There was a danger of bias in studies by Duffy and Watson (2001); O'Donovan (2006); Andrews et al., (2006) and Carnwell et al., (2007) as researcher reflexivity was not transparent. Three of the studies (Brown et al., 2005; O'Donovan, 2006 and Andrews et al., 2006) did not discuss ethical approval processes and in Murphy (2000) there was no discussion of the sampling strategy. These concerns could ultimately have affected the outcome of the systematic review.

A PRISMA four phase flowchart (Moher et al., 2009) depicting study selection based on inclusion and exclusion decisions can be seen in Appendix 5 along with a full appraisal of the included studies. The review process and synthesis of data which followed the qualitative evidence synthesis process (Noblit and Hare, 1988) can be seen in Appendix 6. The findings of the review are now briefly presented.

#### **Findings from a synthesis of evidence in six relevant studies**

The process of the synthesis of data in the six studies (Murphy, 2000; Duffy and Watson, 2001; Brown et al., 2005; O'Donovan, 2006; Andrews et al., 2006 and Carnwell et al., 2007) considered how the studies were related; this involved identifying the main concepts arising from each study and their relationship to each other. This information is presented in Appendix 6. The key concepts identified were: definition of the role of the nurse link tutor, integration of theory to practice, supportive aspects of the role, facilitation of learning, collaboration, and the presence in practice of the nurse link tutor. From these concepts an explanation or theory was developed by way of synthesising the studies with each other.

The final stage according to the process involved synthesising translations and finally expressing the synthesis. The relationship between all six studies was then developed and a theory was decided that was relevant to the review question. Britten et al., (2002, p213) propose a “line of argument” that considers each concept and theory in turn.

The synthesis of evidence suggested that the interventions by the nurse link tutor in practice has an important multidimensional role in practice by helping students to integrate theory to practice and achieved this in several ways: helping student

learning by using reflection and critical incidents, supporting the assessment process in practice and interpretation of learning opportunities for the student.

### **Summary of the review findings**

Overall, the evidence presented in the review strongly suggested that nurse link tutors have an important role and presence in the practice setting, helping students achieve their learning outcomes and achieve full benefit from the practice placement experience. In relation to the applicability of these findings, the nurse link tutor in practice supported students both physically and emotionally and provided valuable support for mentors. The full benefit from the involvement of the nurse link tutor, identified, this would be better achieved by collaborative working between student, mentor and managers in the clinical setting. This may confirm that the role of the nurse link tutor is important, but the evidence suggested there may be a lack of understanding of the nurse link tutor role and mentors need to be able to work more closely with nurse link tutors in the future to help and encourage students to become more independent learners. This confirms that further research is required in order to understand the nurse link tutor role as well as the factors that impact and influence the role.

It should be acknowledged that there are limitations to this review process. Firstly, as only one person has conducted the review with no scrutiny from a second person, there may be flaws in the search process and an incomplete retrieval of relevant studies. The reviewer may have had preconceived ideas in relation to the topic area and had a strong favour to qualitative research. If the search strategy time frame had been extended this may have altered the outcome. Consideration of grey literature may have altered the review in light of the evidence available. Three of the studies reviewed were completed in different health care economies (Scotland, Wales and Ireland) with differing models of nurse education, this may have altered the findings as the student population and models of nurse link tutor support could have been fundamentally very different. Despite this the evidence synthesis had the potential for helping to understand the role of the nurse link tutor, as well as interventions, perceptions and experiences, and informing research, but the process can be time consuming and fraught with bias, as mentioned.



### **Critical debate on the contemporary view of the link tutor role in practice**

A new search of the literature was further conducted to provide an update in relation to the role of the nurse link tutor since May 2017, using the previously reported search terms. Literature has informed discussion of the debate concerning the current and contemporary role of the nurse link tutor in practice and the proposed changes to the role in view of new NMC education standards (NMC, 2018).

Evidence relating to proposals for how the role could be meaningfully employed in practice will be discussed in conjunction with a debate concerning the strengths and weaknesses of the new NMC education standards (NMC, 2018) as it is proposed that these will affect the role of the nurse link tutor in the future. The discussion chapter in this study will then review these debates further in light of the findings from this study.

The roles of nurse educators and practitioners in supporting students in practice have been reviewed within the new NMC (2018) standards and previously within other studies (Price et al., 2011; Goodman, 2013 and Andrews, Brewer and Buchan, 2010). The role of the practice mentor within the current model of traditional mentorship is seen as important in developing, assessing and "signing off" student nurses as achieving NMC standards for learning in practice (NMC, 2008) but the role of the practice mentor has caused many concerns. These are as a result of many factors concerning: heavy mentor workloads (Goodman, 2013), lack of support and preparation for the role (Andrews, Brewer and Buchan, 2010) and variation in the available support and assessment in clinical practice for undergraduate nursing students (Leigh and Littlewood, 2018). The Practice Education Facilitator (PEF) role (Price et al., 2011), was introduced in response to the need to support mentors in clinical placements and, indirectly, students. While the role of the university-based nurse educator supporting students and mentors in practice in a "link tutor role" has also been criticised for a number of reasons, these focus on: a lack of clarity of their role and a blurring of roles with other practice roles (Price et al., 2011), conflict with their other academic roles (Barrett, 2007), these have all contributed to a reduced and detached connection with a clinical practice role, as Leigh (2014b, p. 1767) suggests this has resulted in a "disengagement from practice".

Despite these concerns there have been proposals for how the practice role of the nurse link tutor could be more meaningful and acknowledgement of the important

influence of placement learning for pre-registration nurse education. Leigh (2014a, p. 126) highlighted in her case study research, that the practice role of the "nurse lecturer" could be developed by focusing on the development of leadership skills and qualities such as emotional intelligence, leading change and relationship building with practice partners. These she proposed would help "equip" the "nurse link lecturer" to find their practice role and questions who is actually leading the role. A similar concern also proposed by Allan et al., (2008) who has questioned who is responsible for leadership for student learning in clinical practice. Leigh (2014a, p. 136) also asserts, within the context of her case study research, that the practice role of the "nurse link lecturer" needs to be promoted within a strong "practice-education partnership", where collaborative working with stakeholders enables the nurse lecturer to engage in the practice role.

The NMC new standards (NMC, 2018b) for student supervision and assessment in practice will bring changes involving student support and assessment in practice and hence impact on the roles of nurse educators and practitioners, including the future role of the nurse link tutor, but this title has not been retained by the NMC. This discussion will explore the contemporary role of the link tutor as the nurse educator role in practice, in view of the potential impacts of the new education standards (NMC, 2018).

One of the key strengths proposed of the new standards (NMC, 2018b) is the potential of a more robust assessment of the student nurse in practice, with the proposal of two new assessor roles, the "Practice Assessor" and the "Academic Assessor". There is an expectation of partnership working and the need for good communication between the two roles as they will need to "evaluate and recommend the student for progression". The proposed "Academic Assessor" role will be undertaken by the nurse educator who will need to collate and confirm student achievement of proficiencies and outcomes in the academic environment. The "Practice Assessor" will conduct assessments to confirm student achievement for practice learning. Partnership working and improved communication and collaboration have the potential to enhance the role of the nurse educator in practice and provide greater role clarity. This will be evident as they would be required to work collaboratively with practice staff, bringing them more opportunities for involvement with aspects of current practice in the clinical setting and a greater

ability to influence and contribute to student practice learning and assessment. A similar collaborative working arrangement has been in evidence in midwifery in the "tripartite relationship" (Passmore and Chenery-Morris, 2014; Clark and Casey, 2016, p. 1098), involving the mentor, student and "nurse lecturer" working in partnership by reviewing the students' progress and assessing and confirming students' practice achievements. However, Passmore and Chenery-Morris (2014) at the time of their study, questioned the involvement of the "nurse lecturer" in improving the validity and reliability of the assessment decisions of the mentor, suggesting the role of the "nurse lecturer" was one of support.

Studies have investigated the value of the support from nurse link tutors in the clinical setting, in particular to mentors and students. Price et al., (2011, p. 782) investigated students' views on the role of the "nurse lecturer" and found they valued the support from the "nurse lecturer in practice" as they: monitored or enabled the mentor/student relationship, provided emotional support to students and in addition provided opportunities in practice for students to receive mentor feedback. Smith and Gray (2001) investigated the recognition, understanding and interpretation of emotional labour and conducted interviews with mentors, nursing students, clinical staff and lecturers in Higher Education. They found that the nurse link tutors' role was important in sustaining the emotional labour and support of student nurses via liaison with clinical staff on behalf of student nurses. This provided a symbolic link of support between practice and education, fostering reflective learning and informal support. The link tutors and mentors were seen to play a central role in student learning, acting as role models and the providers of emotional labour and support. The link tutors used reflective learning and supported the students' emotional labour. This study is useful as it identified strategies used by nurse link tutors to help students develop emotional labour skills, not a recognised aspect of their role, but important for student learning and meeting current practice demands.

However, as a result of the new education standards (NMC, 2018) there will be widening of student supervision to other registered health and social care professionals, who will contribute to student assessments and decisions for progression. Changes to student supervision and assessment could have the potential that the students' practice learning and assessment could be less robust. Registered health and social care professionals, with preparation, will be undertaking

the support and supervision of students and there will be a replacement of mentors by "Practice Supervisors", supported by "Academic and Practice Assessors" (NMC, 2018b). Harrison-White and Owens (2018, p. 82) suggest that the "uncoupling of the supervisor/assessor role" may not lead to improved and supportive relationships between students and supervisors as is necessary and are cautious of the changes, suggesting mentors are influential in student learning and should have better protected time for this role.

Alternatively, Leigh and Roberts (2018) suggest the changes in the assessment process will be beneficial and refocus the way students are supported in clinical practice as the widening of the supervisory role will bring greater opportunities for inter-professional teaching and learning. However, this may have a detrimental effect on student practice learning and their sense of "belongingness" (Levett-Jones and Lathlean, 2008) if they are supervised in practice by a practitioner who is not a nurse. It is currently believed that the mentoring support structure from a nurse is important to the success of student learning and that "professional socialization" (Melia, 1987, p. 9) takes place through social interaction with people who are significant for the student. This concern is supported by Reid et al., (2018) who suggest that when inter-professional education is a requirement this then requires careful planning and sensitivity by curriculum developers, and students need to work in safe and supportive environments. In Harrison-White and Owen's (2018) study, nurse link tutors expressed views on the challenges facing student nurses in their clinical learning environments: of these, the learning opportunities for students were dependent on the quality of their mentorship.

Potentially there is wide variation in what constitutes an effective, supportive role model for students, as well as safe and effective practice, on-going support and feedback, all proposed as roles and responsibilities of the "Practice Supervisor" (NMC, 2018b). Smith's (1992) study identified that students felt uncomfortable with the idea of being "supervised" or checked in practice, but valued and requested more support, especially emotional support from mentors. Others have proposed the importance of the clinical nurse mentor as a change agent in student learning (Aston and Hallam, 2011) and role model (Walsh, 2010) and there is a need for mentors to have protected learning time, ongoing support and preparation for their important roles (Leigh and Roberts, 2017).

Mentor support and preparation have been an important part of the nurse link tutors role (NMC, 2008), requiring that they are involved in annual updating preparation of mentors in practice. However, Leigh and Roberts (2018) have welcomed the suggestion of less prescriptive and more flexible approaches to education and support, as could be provided by the "Practice Supervisor and Assessor" (NMC, 2018) as well as others in support roles. Alternative support models in practice have been proposed involving "coaching" as an alternative to "mentoring" in order to overcome problems involving lack of mentors and time for mentorship. These models involve a team approach to student support in practice rather than relying on one mentor (Clarke, Williamson and Kane, 2018; Harvey and Uren, 2019, p. 39) and encourage peer learning amongst students, under the supervision of a coach, a registered health care professional.

A further pressure on placement learning in the future will be the support of training Nurse Associates (TNA) who will require practice based learning opportunities and support in addition to pre-registration student nurses; these new roles will support the registered nurse in practice (HEE, 2016) and be of long term benefit. However, this will increase the workload and demands on practitioners and those involved in student support in practice and could contribute, as suggested by Godson (2017), to crowded practice placement areas.

Opportunities for flexible, innovative approaches to student education and support in practice exist from the support by nurse educators working with practice learning stakeholders to meet NMC (2018) education standards, especially if they develop a role that meets local needs (Leigh, 2014a) and their own professional development needs (Maslin-Prothero and Owen, 2001). Gillespie and McFetridge (2006, p. 642) suggest that nurse teachers may have placed too much emphasis on the need for academic work to the detriment of the student's clinical development, leaving less time to focus on the application of theory to practice. Health Education England (HEE, 2019) have conducted a review into the mental health and wellbeing of learners in the health professions, NHS staff, and educators, at a time of concern that learners are suffering from a rise of mental health related problems. Those who support, supervise, and assess students in practice in the future, such as educators and practitioners, will need to be aware of and enabled to support students in practice where problems may be as a result of mental health problems. Providing

support for practice supervisors by nurse educators in practice will be important as there may be problems impacting on a students' learning in practice.

The Council of Deans of Health (CoDH, 2017) highlighted a need to create capacity in the current workforce, welcoming less prescriptive, outcome focused approaches, but stressed the need for outcomes to measure the effectiveness of educational provision. Measurement of the effectiveness of the nurse link tutor role has not been considered before and it is important to consider whether the proposed contemporary role of the nurse educator in practice, as suggested in this literature review, supports a more meaningful role, as well as student learning in practice and the requirement for a competent graduate nurse practitioner.

Aspects of my evidence synthesis of the role of the nurse link tutor in practice and interventions that support student learning highlighted the importance of collaborative working between practice mentors and trust practice staff and the need to enable students to become more independent learners. The new NMC education standards (NMC, 2018) will provide opportunities for more effective collaborative working between HEIs and trust learning partners and new forms of student supervision and learning opportunities, however, a positive and effective role in the future for the nurse educator role in practice will depend on an understanding of their role and the factors that impact on the role in practice. The name "Academic Assessor" (NMC, 2018) suggests that the primary role responsibilities will focus on assessment of student learning but the nurse educator should have the potential to be able to collaborate on the development of practice learning as well. This study should inform that discussion and will be considered as part of the interpretation of findings.

### Summary

The debate concerning the contemporary view of the nurse link tutor role in practice will be influenced by the application of the new NMC education standards (NMC, 2018) and how HEIs and practice learning partners work together to identify educational support models to meet their local needs. The new standards (NMC, 2018) will bring about changes in the supervision, assessment and support of students in practice, hence impact on the roles of nurse educators and practitioners. A review of roles has come at a time of a need to develop the practice role of the

nurse educator in practice, with proposals for a more relevant role in practice (Leigh, 2014a; Harrison-White and Owen, 2018; Price et al., 2011).

### **Evidence synthesis of nursing emotional labour**

The evidence relating to nursing emotional labour has been reviewed, critically appraised and then a seven step process for conducting a qualitative evidence synthesis was followed (Noblit and Hare, 1988). The aim of the synthesis was to identify qualitative research studies that examined nursing emotional labour in order to gain greater insight and investigate how this may be related to the nurse link tutor role. In this review I have used guidance from Theodosius (2008), to define concepts related to emotional labour, proposing "emotion management as the management of feelings" (Hochschild, 1983) which requires emotion work (Theodosius, 2008, p. 15). In nursing, "emotional labour is about the management of emotions as emotions are exchanged in the process" and involves a nurse suppressing their own feelings in order to care for someone else (Theodosius, 2008). This nursing definition is in contrast to Hochschild's (1983) theory of emotional management and emotional labour as this proposes that in an organisational setting an employee's emotions can be bought or owned as they are expected to act and feel in ways to meet the demands of the organisation. Hence there is the potential to exploit employee's feelings for financial gain for the organisation.

A list of search terms was used in combined searches of the evidence base: emotion work; emotional labour and nurses. Systematic database searches were made in: Academic Search Complete, CINAHL, MEDLINE, PROQUEST, and ETHOS. The search identified nine relevant research studies between January 1988 and July 2018. The search was restricted to: original qualitative research, papers in English that used emotional labour or emotion work as the focus of the research in adult nursing not midwifery or mental health. Following a screening process for relevance, 5 articles met the inclusion criteria and were included in the qualitative evidence synthesis. A summary of the five studies including their research methodologies, findings and critical appraisal are provided in Appendix 7. Then further a presentation of the evidence synthesis from the five studies shows the main themes identified from across the five studies and how they were related. This is depicted in Appendix 8. A summary of each study helped to provide the context for the final

interpretations in the synthesis of evidence. Discussion will now focus on the findings from the evidence synthesis.

### **Findings: the evidence base relating to nursing emotional labour**

Five studies shown in Appendix 7 were reviewed, of these four were set in UK acute wards in the NHS (Smith, 1987, 1992; Staden, 1998; Bolton, 2000 and Theodosius, 2006, 2008) and one in the United States of America (Bone, 1997, 2002). The concern that the introduction of structural organisational changes had affected nurses in their work by reducing their ability to provide emotional support to patients was shared by both Bolton (2000) and Bone (2002). Both argued that emotional aspects of nursing care should be valued in the same way as physical and technical nursing tasks. While Theodosius's (2006) study was driven by the concern that emotional labour in nursing had become a marginalised skill due to organisational constraints and the reduced status attached to emotion work in nursing. The aim of Smith's (1987, 1992) study was to investigate the relationship between the quality of nursing and the ward learning environment.

### **Quality appraisal**

Studies were reviewed in chronological order and quality appraisal was undertaken using the CASP framework (Public Health Resource Unit, 2006). No studies were excluded on the basis of methodological quality, but it was noted that in some of the studies the influence of the researcher was uncertain as reflexivity had not been discussed. A summary of the critical appraisal of each of the five studies is reported in Appendix 7.

Smith (1992) and Bone (2002) do not report any ethical approval or how ethical issues were addressed, this is concerning as in Smith's (1992) study, large numbers of students, nurses and patients were involved. Smith (1992) does not acknowledge her influence in the study as no reflexivity is discussed. Bolton's (2000) study does not provide details of the participants or the number of interviews that took place but does discuss the critical self-reflection employed by the researcher. Theodosius (2006) in contrast provides details of the reflexive stance taken throughout the research, which enabled the researcher to acknowledge subjective feelings.



### Evidence synthesis

All of the studies (Smith, 1987, 1992; Bone, 1997, 2002; Staden, 1998; Bolton, 2000 and Theodosius, 2006, 2008) mention the influence of the work of Hochschild (1979; 1983; 2012) and her concept of emotional labour. Therefore, her work and related concepts of "emotion work" as a "gift" and "emotional labour" will be reviewed and critiqued first in this literature review before discussion of the five main studies relating to nursing emotional labour.

Hochschild (1979) attempted to link "emotion work, feeling rules, and social structure" and she is the originator of the "emotion-management perspective". Her focus was to show how emotion was subject to "acts of management", which are reliant on "feeling rules" (Hochschild, 1979, p. 551), these are social guidelines for the management of emotion. To carry out "emotion work" a person is attempting to change an emotion or feeling, by inducing or inhibiting feelings so that they are appropriate to a situation. The term "work" according to Hochschild (1979, p. 561) refers to an active process and the effort involved, not to the outcome which may or not be successful. To "work on" an emotion is the same as "to manage" an emotion or to do "deep acting". Emotion work (Hochschild, 1979, p. 563) is directed towards the production of suitable emotions in which individuals continually and privately engage but they do this under the influence of "rules not completely of their own making".

Hochschild (1983) was influenced by the work of Goffman (1959) who studied how people behaved in interactions and presented themselves in public life, proposing there are "front stage and back stage" performances and these are very different. "Front stage" involves a performance and "back stage", according to Goffman (1959) is a more accurate representation of what the person is thinking and feeling. Hochschild (1983) relates to these differences in her work and sees emotion work as belonging "back stage" and in life as private, while emotional labour is "front stage" and public. The difference between the "private and public sphere" is part of Hochschild's (1983) contrasting ideas of emotion management and emotional labour and the exploitation that emotional labourers feel when their emotional labour is sold as a commodity (Theodosius, 2008, p. 15). However, there are serious flaws in Hochschild's ideas of emotion if applying this to a nursing context and the study of emotion as emotion work is seen to "operate by the process of deep acting" as a

person works to try to induce what they ought and want to feel, according to feeling rules (Burkitt, 2014, p. 131).

Feeling rules come into play through social exchange, this may be an exchange of display acts from Goffman's (1959) "surface acting" or an exchange of emotion work, referred to as "deep acting" (Hochschild, 1979). Emotion work is a gesture in a social exchange and individuals can vary the amount of emotion work they choose to do and to whom they give, this Hochschild (1979, p. 569) refers to as a "gift".

Hochschild (1979, p. 569) questioned what happens to "deep gestures of exchange" when they enter the market place and are bought and sold as a commodity; feelings then become "commoditized". In "The Managed Heart", Hochschild (1983; 2012, p. 7) introduced the term "emotional labour" to describe the emotion management that is carried out by employees, often for company profit, gained through customer satisfaction, and also under a degree of control by the employer.

In contrast nurses are able to exercise greater autonomy over how they carry out the emotional component of their job and therefore, according to Theodosius (2008, p. 35) nurses' emotional labour is different in many ways. Theodosius (2008, p. 35) argues the "feeling rules" that relate to this freely given "emotional exchange" between nurse and patient are "indicative of private emotion work", rather than "consumer-orientated emotional labour". These are negotiated and involve an interactive process based on nurse-patient relationships. Theodosius (2008, p. 48) has proposed four key differences related to nurses' emotional labour. Firstly, emotional labour is an integral component of holistic nursing care. Second, emotional labour is part of the nurse and patient therapeutic relationship and third, is needed by patients as they are vulnerable, thus promoting trust and "mediating" relationship power imbalances. Lastly, emotional labour involves an exchange of emotions and identification of these emotions is important to understanding the "nature of the emotional labour exchange" (Theodosius, 2008, p. 48).

Emotional labour has been linked to the discussion of gender identity. Hochschild (1983; 2012) proposed that there was a gendered nature of emotion work and emotional labour which is associated with women's work and influenced by the social status and power of women. Hochschild (2012, p. 170) argues that the societal values and beliefs held of women as more emotional than men, and as natural

emotional caregivers, have an effect in the workplace, reducing the status of women and giving less importance to their emotional responses. James (1989) studied emotional labour in hospices and found that there was a gender division of labour in which women's skills and labour are undervalued and women are negatively associated with emotional reactions, however men's labour is considered to be of value and worth.

In order to explore this subject in more detail as part of this study and in a nursing context, an evidence synthesis of nursing emotional labour was carried out.

Recurring or common themes were identified and then compared across all of the five studies of nursing emotional labour (Smith, 1987, 1992; Bone, 1997, 2002; Staden, 1998; Bolton, 2000 and Theodosius, 2006, 2008). Four key themes were identified:

- the invisibility of emotion work
- emotional labour as an important part of nursing practice
- nurses' experience of emotion work, and
- Support and training needs of nurses.

To illustrate how the themes related to each other, a table in Appendix 8 depicts the themes spanning all five studies. The last rows of the table represent the interpretative explanations arising from the synthesis of evidence in each study that was relevant to nursing emotional labour. Each of the four themes from the evidence synthesis is now discussed followed by the synthesis interpretations. The final synthesis will be discussed within the study interpretations in chapter five.

### **The invisibility of emotion work**

All of the studies refer to the hidden and marginalised nature of emotion work in nursing and the impact of this. Theodosius (2006) was concerned that emotional labour in nursing had become marginalised due to organisational constraints and the low status of emotion work both within and outside of nursing. Theodosius (2006) set out to show that there were hidden and visible emotion processes involved in emotion management and how they impacted on emotional labour. Theodosius (2006) identified hidden emotion as distinct from emotion management and through the use of diaries, captured hidden unconscious emotion processes which were proposed managed emotions, such as: guilt, frustration and anger. A complex

picture was therefore revealed by Theodosius (2006) to explain how emotional labour was used by nurses, but this remains hidden and often marginalised.

Bolton's (2000) study focused on a group of gynaecology nurses at a time when there had been an introduction of changes in the management of British public sector services. Gynaecology has been described as a "closed world", dealing with an area of health care that remains in the private domain (Bolton, 2000, p. 582). Bolton (2000) was interested in the way that nurses "presented" (Goffman, 1959) themselves to their patients, considering organisational management changes, but she comments that the management of emotion is a necessary part of the nursing labour process but tends to be a gendered and marginalised nursing skill. In Bolton's (2000, p. 584) study nurses are identified as offering the "gift" of emotion work to patients and their families and therefore Bolton (2000) uses concepts from Hochschild (1979) about the "gift exchange".

Bone (2002, p. 142) comments on the "undervalued" and "invisible knowledge and skills" that nurses had developed, this she refers to as "emotion work". Bone's (2002) study was set at a time of restructuring and for-profit health care in the USA when the giving of emotional support to patients was less important than technical tasks and profit. In addition, Bone (2002, p. 143) suggests that in the health care restructuring process, the patient has become the "customer" and health care services a "commodity", affecting the quality of patient care and reducing the time for nurses to engage in emotion work. Of specific interest, Bone (2002, p. 144) argues that certain activities associated with emotion work could be "protected by invisibility" as it is uncertain under new management conditions, what conditions of surveillance and control could be imposed on nurses, having a detrimental effect on nursing care.

Smith (1987, 1992) in her grounded theory study of the relationship between the quality of nursing and the ward as a learning environment was the first nurse to study nursing emotional labour and to identify the emotional aspects of care work in nursing which she believed had become marginalised.

Staden (1998) used phenomenology in her research and compiled case studies of three nurses to investigate their experiences as emotion managers at home and emotion workers in the hospital setting. Identifying the value and visibility of emotion work was one of the main conceptual categories to focus in the study. The nurses in

the study gained job satisfaction from their caring work but believed that the system in which they practiced did not value or recognise their emotion work as part of the caring input, which added to the invisibility of emotion work. In addition, Staden (1998) identified that an inability to explain emotion work to others by communicating and recording it had added to its invisibility. The second theme will now be explored.

### **Emotional labour as an important part of nursing practice**

All five studies refer to emotional labour as an important part of nursing care. Smith (1992) identified that nurses and patients were aware that nurses had to work emotionally in order to care for their patients. This was referred to as emotional labour and managing emotions required skill which went beyond "natural" caring qualities. Smith (1992, p. 131) identified that nurses used "distancing" strategies to help deal with these feelings and therefore protect themselves and were better able to care for others when they themselves felt appreciated and emotionally supported.

Staden's (1998) study identified six conceptual categories used by nurses to describe their experiences of emotion work. One of these categories was named "appearing caring", a "feeling rule" originally proposed by Hochschild (1983). In Staden's (1998) study this involved an expectation by the patient that the nurse will appear caring through facial expression, body language and tone of voice. This was proposed by Hochschild (1983) as a form of "deep acting", requiring, according to Staden (1998) for the nurse to suppress their true feelings to care for patients. The nurses in Staden's (1998) study reported high levels of job satisfaction from the caring and therapeutic relationships they had developed in caring for patients. Similarly, the nurses in Bolton's (2000, p. 584) study defended nursing as a "vocation" and their "emotional attachment" reflected a "commitment to quality patient care". However, Smith (1992) uses Hochschild (1983) concept of "surface and deep acting" in her description of nurses' emotional labour and Bolton (2000, p. 585) refers to a nurses' ability to care as a "nurturing rationality", demonstrating they can care but remain professional at the same time.

The nurses in Bone's (1997, 2002, p. 141) US study reported the reduced amount of time they had for all aspects of work, including emotional labour, when questioned about what emotional support meant to them, referred to by Bone as "ways of being,

doing and knowing", they responded implying that the qualities were "self-evident", learned through experience and difficult to describe.

Theodosius (2006, p. 902) referred to "an ideal of nursing care" as "caring for the emotional well-being" of the patient and an important motivation to nurse but it is the system itself such as organizational constraints and staffing that prevents the nurse from caring in this way and hence contributes to the nurses' feelings of frustration and dissatisfaction. Theodosius (2006) and Staden (1998) refer to Hochschild's (1983) theory of a "feeling rule", but Hochschild (1983) refers to "feeling rules" in the workplace that are commercially driven, while Theodosius (2006) and Staden (1998) imply "feeling rules" relate to an image and expectation of nursing care, in this case emotional care, that often nurses are frustrated because this cannot be met by the nurse.

#### **Nurses' experience of emotion work**

An explanation of emotion work has been taken from Theodosius (2008, p. 15) who suggests that "emotion management requires emotion work as the learning involved in the process takes effort". Theodosius' study (2006, p. 894) involved 14 months of field work involving participant observation, audio diaries and interviews with nurses. She illustrates how a more "interactive approach to the study of emotions" through the identification of "unconscious emotion processes", "hidden emotion", can be uncovered from "the process of emotion management". Theodosius (2006, 2008) argues this helps to understand how hidden emotions impact on emotional labour and this is illustrated in an incident in her study of a nurse who expresses guilt at a perceived lack of care for a dying patient and family but uncovers the hidden emotion of anger as an unconscious emotion.

Theodosius (2008, p. 145) further identifies three aspects of nursing emotional labour which involve interactive interpersonal processes, these are: "therapeutic, collegial and instrumental". Therapeutic involves the interpersonal interactions and relationships between nurses, patients and families, while collegial relates to interactions and relationships with colleagues to promote effective nursing care. Instrumental refers to a nurses' interpersonal communication skills while carrying out clinical tasks or relating to patients' families. Understanding of the function of therapeutic emotional labour in nursing is developed further by Theodosius (2008)

using two theoretical frameworks, firstly, application of Archer's (2000) model of emotion connects emotion to personal identity and the development of social identity as a nurse. Secondly, Hildegard Peplau's theoretical framework (Simpson, 1991) of the nurse-patient relationship is applied by Theodosius (2008, p. 143) which proposes that the nurse develops a "therapeutic" relationship with the patient through interaction in order to provide a caring partnership with the patient. Understanding of the dynamics of the interaction between nurse and patient and both the patient and nurses' needs, feelings and values, were seen as vital in the partnership (Simpson, 1991). Theodosius (2006, p. 901) presents some concerns with Hochschild's (1983) theory of emotion and emotion management, proposing it does not explore the "interactive relational experience of emotion" that takes place in interaction between people. Instead, according to Hochschild (1983) prescribed external feeling rules decide how a person manages their emotions, while it is suggested by Theodosius,(2006) that nurses relate to their social identity and role as a nurse, not organizational rules, to influence emotional labour. Emotional labour according to Theodosius (2008) is an important part of nursing care and all three aspects: therapeutic, instrumental, and collegial, represent an important aspect of the nurses' sense of self. Therefore, Hochschild's (1983) concept of "surface and deep acting" as a process involved in how emotional labour is carried out does not adequately explain this process for understanding nursing emotional labour.

Bolton (2000, p. 584) stresses the need to understand the motivations behind a nurse's emotion work and illustrates this with an example of the emotion work involved in caring for a mother who has to terminate her pregnancy. The nurse describes "masking" feelings to help the mother with the grieving process but at the same time maintaining a "professional face". In addition, the nurse may offer extra emotion work as a "gift" to patients and their families but there is no expectation of a return other than increased job satisfaction. However Bolton (2000, p. 581) is critical of Hochschild's (1983) theory, in relation to the emotional labour of nurses, believing this is emotion work, offered as a "gift", believing that a nurses' emotional labour can be free from organisational demands. While Theodosius (2008, p. 47) is critical of the concept of "faces" of nurses from Bolton's (2000) study, proposing they represent "surface acting" and that they represent how nurses have had to "manipulate and resist" emotional demands while still presenting a variety of faces.

Bone (2002, p. 141) examined trajectories of emotion work in nursing and identified "ideal types" of nursing practice called "therapeutic emotion work". Also identified were "impediments" to performing therapeutic emotion work caused by health care reorganisations causing reduced time spent with the patient and increased workloads. Bone (2002) describes the emotional conflicts felt by the nurses in the study as a result of being unable to provide therapeutic emotional support to patients. Nevertheless, Theodosius (2008, p. 39) is critical of Bone (2002) and Bolton (2000) who both represent nurses' emotional labour or work as if it was a commodity, has a value and is controlled, thereby creating "inauthentic emotional labour".

Staden's (1998, p. 151) lived experience approach identified experiences of nurses' emotion work. The nurses described their experiences as emotion managers at home and emotion workers in the hospital setting. An "artificial dichotomy" between domestic and work place labour was identified in nurses' emotion work (Staden, 1998, p. 151). The emotion work they performed was identified as hard work, had a stressful effect on the nurses and required them to adopt coping mechanisms to deal with this type of work, this involved support from colleagues and withdrawing from stressful situations.

The student nurses in Smith's (1987, 1992) study were only able to describe an emotional component to their work and learning when they had experienced work on the oncology wards. Smith (1992, p. 55) refers to the "medical legitimisation of emotion work" within oncology, reinforced by the "image of cancer in society as a symbol of suffering". Smith (1992) found from her questionnaire data that student nurses undertook personal emotion work in order to manage their feelings of stress and anxiety, faced during their training and that they undertook emotion work to suppress these feelings in public. This was suggested was a "feeling rule" of the hospital where they worked. The final theme identified from the literature will now be explored.

### **Support and training needs of nurses**

Smith (1992, p. 139) proposes on the basis of her research findings that emotional labour is unrecognised and undervalued, therefore "the emotional component of caring" needs to be part of nurse education supported by "a theoretical base" and



"complex interpersonal skills". This would help to make emotion work "visible and valued" (Smith, 1992, p. 139). Smith (1992, p. 140) also points out the importance of nurses having the support from role models for "emotionally explicit patient care" in order to better care for patients and the importance of nurses having emotional support and being appreciated. In Bolton's study (2000, p. 585) nurses offered humour in their interactions with patients and each other as an addition to their emotional labour, this was viewed as a means of "getting through" and helping to ease the stress and tension involved in the caring role and as an extra "gift".

Bone (2002, p. 148) identified that structural support, time, and recognition, are all required to enable nurses to provide therapeutic emotional work, warning that health care organisations will not retain nurses if "working conditions" prevent meaningful emotional labour. This is also supported by Staden (1998, p. 155) who suggests that individual nurses should raise the profile of their caring work by greater communication with patients and nurses about what they do, supported by publications and conference presentations. The skills of the emotional labourer should be recognised as a "life skill" (Staden, 1998, p. 155) and hence a natural skill but this may contribute to it being undervalued (Henderson, 2001); especially if it is perceived to be women's work (Riley and Weiss, 2016).

Theodosius (2006, p. 907) proposes that "emotional labour may not be a unilateral process" within each person and that "shared emotion management" may occur between people, this has implications for understanding the working environment that nurses work within and how nurses are taught emotional labour skills.

Identifying the importance of support and training in helping nurses to manage their emotions and those of others they support, such as patients, families and colleagues, was suggested as a responsibility of organisations to enable nurses to cope with the emotional demands of their work. However, the danger of emotional labour remaining hidden offers opportunity that organisations may profit from the rewards it can bring such as increased job satisfaction (Riley and Weiss, 2016).

### **Summary from the evidence synthesis**

This review provides evidence about nursing emotional labour and makes a distinction between the emotional labour carried out by company employees, proposed as a commodity (Hochschild, 1983) and the emotional labour carried out

by nurses, considered an integral component of holistic nursing care (Theodosius, 2006, 2008). Four themes were identified following an evidence synthesis of five studies of nursing emotional labour (Smith, 1987, 1992; Bone, 1997, 2002; Staden, 1998; Bolton, 2000 and Theodosius, 2006, 2008). The themes highlighted: the invisibility of emotion work in nursing; emotional labour as an important part of nursing practice; nurses' experience of therapeutic emotion work and the need for greater support and training requirements for nurses.

These themes are considered important in an understanding of nursing emotional labour but they also have further potential in an understanding of the role of the nurse link tutor in the practice setting and the emotional support proposed has been provided to students and mentors by nurse link tutors (Smith and Gray, 2001; Gillespie and McFetridge, 2006). A consideration of the symbolic interactionist perspective would be helpful in an understanding of how emotions are used, expressed and managed in certain situations and interactions. Also it would help to expand an understanding from the perspectives' of the nurse link tutors to identify how they define their role and the part they play in practice (Charon, 2010). Consideration of the literature relating to symbolic interactionism will now be considered in this study.

### **Outline of the symbolic interactionist perspective**

The foundations of symbolic interactionism were proposed by George Herbert Mead and then advanced further by Herbert Blumer (1969). Mead was influenced by pragmatism and the notion that human beings go through a process of adaptation in the changing social world through their ability to think about and contemplate situations. Blumer (1969) established symbolic interactionism as a research approach (Jeon, 2004), proposing that a study of "meaning" helped in the understanding of human behaviour, interactions and social processes.

The concept of "social processes", first proposed by Blumer (1969) have been adopted further by Prus (1996, p. 142) to refer to the "trans-situational elements of interaction" and these concern the activities involved in human group life. The term "generic" does not imply that social processes are unaffected by context (Schwalbe et al., 2000, p. 421) but instead occur in multiple contexts, where people face similar problems. Research studies have attempted to demonstrate this concept, for

instance Schwalbe et al., (2000) was able to identify how social inequalities are created and reproduced by examination of the literature which revealed generic processes central to the creation of inequality.

Mead's (Blumer, 1969, p. 62) basic tenet was the notion of "self" and that the "self" needs to be appreciated as being involved in interaction with the social world (Porter, 1998). The person and the world cannot be investigated in isolation as the "self" is a product of social interaction and developed further through participation in society. Through Mead (Jeon, 2004), we can appreciate the "self" as made up from both an "I" and a "me"; the subjective "I", not influenced by others, and the objective "me" that is socialised through the internalisation of social rules. "I" and "me" communicate together through a person's ability to have an inner conversation and contribute to bring about the concept of "self" as seen through social interaction. This is relevant for this study in terms of understanding how each nurse link tutor may interpret their role and professional identity (Fagermoen, 1997), during social interaction together, during their self-reflection, and with others in the practice team. Fagermoen's (1997) study used symbolic interactionism as the theoretical framework for professional identity in nursing and explored the values underlying nurses' professional identity. Professional identity was conceptualised as having a direct relationship to everyday nursing practice and served as a frame of reference, guiding nurses' thinking, actions and interactions with patients.

Blumer (1969) maintains that there are three guiding premises relating to symbolic interactionism, these have relevance for this study. Blumer (1969, p. 2) describes the first of these as: human beings act towards things on the basis of the meanings that the things have for them. These things may be other people, ideas, objects, events, or situations and according to Benzie and Allen (2001, p. 544), people do not respond directly to things but attach meaning to the things and act according to such meanings. Underlying this assumption is the idea that the world exists separate and apart from the person, but that the world is interpreted through symbols, such as language, in interaction.

The second premise is that meanings arise in the process of social interaction among individuals (Blumer, 1969, p. 2). Symbolic interactionists, according to

Benzies and Allen (2001, p. 544), assume that individuals are able to act because they hold shared meanings.

Third, these "meanings are handled in, and modified through an interpretative process; this is used by the person in dealing with the things they encounter" (Blumer, 1969, p. 2). This premise according to Benzies and Allen (2001, p. 544) assumes that the individual has freedom of choice but that choice may be restricted by "societal and cultural norms".

Of importance is the idea in symbolic interactionism that the individual and the context in which they exist are inseparable (Benzies and Allen, 2001, p. 544).

Therefore, the focus of research is on the nature of individual and collective social interaction and understanding the meaning of a situation from the perspectives of the individual and societal group. Carlson's (2013) ethnographic study, explored nurses' actions as preceptors and how the organizational and relational structures had influenced preceptorship. Using symbolic interactionism as a theoretical framework, Carlson (2013) was able to show how Registered Nurses think and act as preceptors and create meaning of their experience as preceptors.

Aspects of the ideas proposed by the symbolic interactionist perspective were taken up by Goffman (1959) in his "interaction order" and study of social interaction, this he called "dramaturgical", meaning a view of social life as a staged drama (Cahill, 2010). Goffman (1959) also considered social interaction involving rituals and how these influence social interactions. His theory of face-work interaction (Manning, 1992, p. 39) described a theory of interaction whereby individuals interpret and act to sustain the face of self and other. Goffman (1959) used the term "face-work" to describe an interaction ritual which involved an individual presenting themselves after an evaluation has been made of how the self is to be portrayed. According to Goffman (1959, p. 32) the face represented the "positive social value" a person wishes for himself, presented by a "front", a behaviour that conveys an appraisal of the situation or interaction. The purpose of "face-work" was to manage impressions of self and others and has been described by Goffman (1959) in relation to a theatrical performance. Goffman (1959) proposed that all social interactions include some form of impression management but the degree of concealment and display of behaviour depends on the audience and setting.

However, while there are interactionist themes in Goffman's work, that relate to the use of symbols, shared meaning, and identity, some have argued that his work does not represent an interactionist standpoint (Carter and Fuller, 2015) and the dramaturgical metaphor of social life is limited (Burkitt, 2014). Goffman's (1959) theory of "face-work" and his emphasis on a "performance" as a management strategy during social interactions have resulted in some criticisms of this approach. Porter (1998, p. 100) argues that Goffman presents a "dark portrayal of human nature", while Burkitt (2014, p. 134-135) explains that the self-shown to others is a "false self...alienated from itself as there is a fundamental split created between what one is or feels inside". The idea of "performance" caused Hochschild (1979, p. 557) to propose that people had no "inner self" as the self is a surface one in observations of social interaction. While Manning (1992, 2008) suggested that people are portrayed as manipulative and there is no adequate account of the intentions of people. This suggests according to Manning (1992, p. 54) that Goffman's dramaturgical perspective is not a "comprehensive account of everyday life" and therefore would not be useful in this study from a symbolic interactionist perspective. In order to understand the nurse link tutor role a consideration of "meanings" from perspectives of individuals within their natural context would be required.

However, critiques of the symbolic interactionist perspective suggests it ignores social structure and that it provides an incomplete picture of the individual as emotional and unconscious elements in human behaviour are not explored (Craib, 1992; Benzie and Allen, 2001). Craib (1992, p. 91) argues that social structures are "abstract entities", but this argument misses the point that symbolic interactionism is about the complexity of the real world where people act and interact with others within these social structures. Fine (1993, p. 78) argues that interactionists have more recently considered "macro-sociological issues" using "mesostructure", where "structure is mediated through individual actions", as an argument opposing the view that symbolic interaction is only concerned at the micro perspective.

A further debate related to the symbolic interactionist perspective has been proposed in the linkage of agency and structure. Interactionists believe that much of the world is not made by individuals alone and should be understood by examining the context of the circumstances in which individuals express the reality of their social lives (Fine, 1993). Individual action maintains and supports existing social structures, by

and large. However, the "I" in the self allows for innovative, rule breaking actions that can undermine existing social structures and cause social change/upheaval/revolutions to occur. These debates related to symbolic interactionism will be further developed within the study methodology in chapter three and the value proposed of using symbolic interactionism as a theoretical perspective to guide ethnographic research

### **Integration and summary of the literature**

The chapter started with the proposition that "influencing factors shape the role of the nurse teacher" (Clifford, 1996, p. 1140) and that the "norms" and expectations of the nurse link tutor role may be influenced by these factors. Influencing factors were explored and formed the basis for the literature review in relation to an understanding of the role of the nurse link tutor and the factors that may be affecting their role in practice.

The literature search used a strategy involving a qualitative evidence synthesis, this methodology was used to review the role of the nurse link tutor and then this was followed by a critical discussion of the contemporary role of the nurse link tutor in light of new education standards (NMC, 2018). A review of nursing emotional labour also used a qualitative evidence synthesis and consideration was then given to the symbolic interactionist perspective, bringing together Blumer's (1969) guiding principles and concept of social processes. Goffman's (1959) theory of face-work interaction was also critiqued, but from the standpoint of a symbolic interactionist perspective it is limited as it focuses too much on how social actors manage their performances (Fine, 1993) rather than being linked to meanings and experiences through interactions.

The evidence synthesis of the role of the nurse link tutor in practice highlighted the involvement of the nurse link tutor in supporting student nurse learning in practice as necessary, but complex and multifaceted. This required a physical presence in the practice area by a nurse link tutor, who was approachable and could facilitate learning and the achievement of student learning outcomes. The use of reflection as a learning tool by the nurse link tutor was a valued learning strategy to achieve learning outcomes, but required that students and mentors were prepared and supported. A collaborative, supportive approach to learning was found to be

necessary to achieve outcomes for students but they were required to be more independent learners in practice. In order to help students and mentors in practice the nurse link tutor needs to ensure that their roles are fully acknowledged and understood.

It was proposed that the contemporary role of the nurse link tutor will be influenced by new education standards (NMC, 2018). These standards will affect the roles of nurse educators and practitioners and it has been proposed will bring opportunities for a more robust assessment of the student nurse in practice and collaborative working. Less prescriptive and more flexible approaches to education and support with greater opportunity for inter-professional teaching and learning have been welcomed (Leigh and Roberts, 2018). However, there is a potential for a less robust assessment of student achievement combined with less effective supervision arrangements as a result of the changes in the NMC (2018) standards to student supervision and assessment in practice. These are related to workloads and the demands placed on practitioners in practice will increase in the future to meet the changing demands of patient care in the twenty-first century, as will the need for practice placement learning opportunities. These impacts will present the need for nurse educators as "Academic Assessors" to be able to work flexibly to meet the need for: effective practice education, support for practitioners who are supervising and assessing students, and support for students. In addition they should be enabled to develop their own meaningful role within the practice setting.

The findings from the evidence base relating to emotional labour in nursing refers to the hidden and marginalised nature of emotion work in nursing and the danger that nurses' emotion work will not be recognised as part of the care nurses provide. It has been found that as a result of organizational constraints, nurses have been prevented from providing emotion work, but they recognise how important it is for patients' emotional well-being and they gain job satisfaction from caring for patients in this way. Other aspects of nurses' emotion work were identified such as "the unconscious emotion processes" and "hidden emotion" uncovered by Theodosius (2006, p. 894) and the "professional face" presented by the nurse in Bolton's study (2000, p. 584) suggested to help a patient in the grieving process, this was in addition to extra emotion work provided as a "gift offering" to patients and families. Finally the review highlighted that emotion work needs to be more visible and valued.

This could be encouraged if nurses are better supported to be able to provide therapeutic emotion work (Bone, 2002) and in addition if nurses themselves make emotional labour more explicit, this may encourage organisations to provide better support and training for nurses.

It can be seen from the results of the literature review that a number of key themes have emerged in relation to an understanding of the role of the nurse link tutor and the interrelationship of factors that are influencing their practice role. These are depicted in Figure 1 and will be briefly discussed.

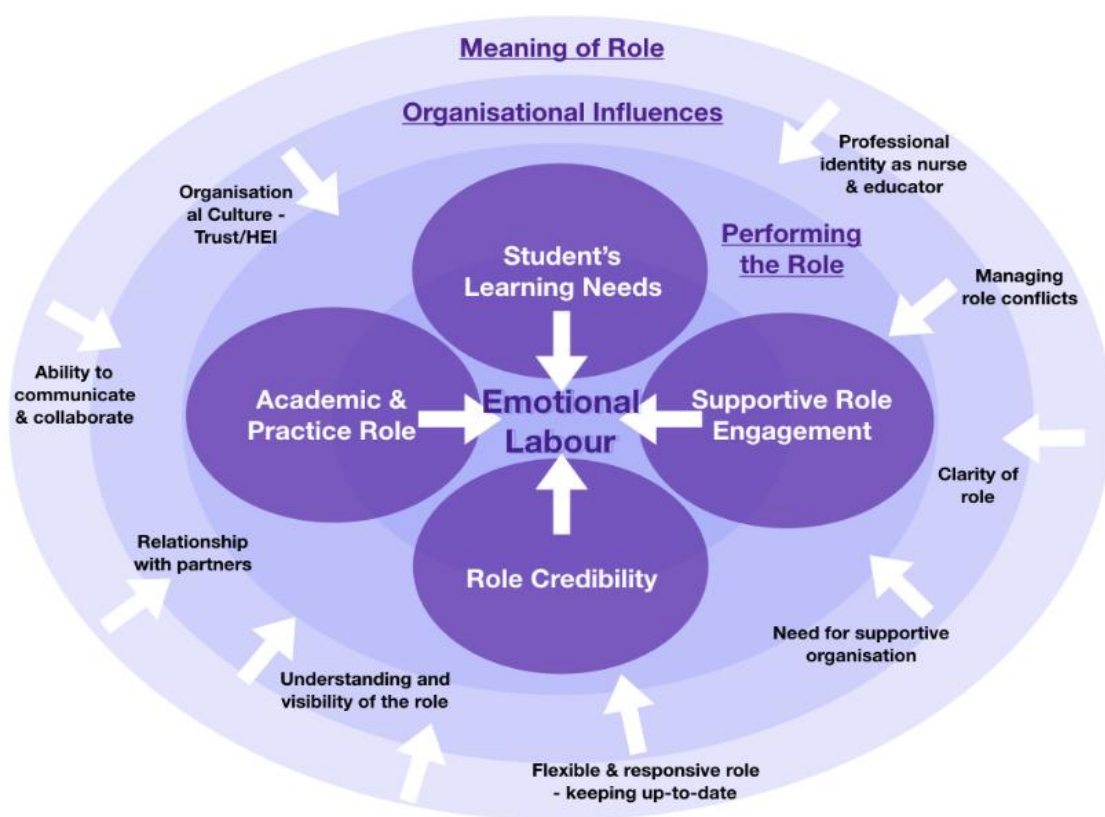


Figure1: A conceptual framework demonstrating the interrelationship of the influences on the practice role of the nurse link tutor

In this framework there are three main layers of influence on the role of the nurse link tutor in practice, as identified in this study's literature review. Firstly, the outer layer represents the attributes as signifying meaning for the nurse link tutor in the way the role is currently performed. Themes that have arisen from the literature review such as the importance of professional identity of the nurse link tutor and how they provide a collaborative, supportive approach to student learning in practice. The second



layer represents the organisational influences in relation to how the role is performed and experienced. Themes from the literature review suggest there is a lack of understanding of the nurse link tutor role in practice. The third, inner layer is important as it relates to the four main core elements that constitute aspects of how the role is performed in practice and the proposal that the contemporary role of the nurse link tutor will be further influenced by new education standards (NMC, 2018). The central component is emotional labour and from this literature review it has been identified the need to make emotion work more visible and valued as well as emotional labour more explicit.

This framework illustrates the specific influences on the role of the nurse link tutor in practice and there is a need to understand further the perspectives held by nurse link tutors and their relationship to the conditions under which the role is performed and experienced. Further research is required to help our understanding of the impacts affecting the nurse link tutor's role. I will refer more to this model later in light of study findings and recommendations. A final section will now outline gaps in academic and professional knowledge.

### **Gaps in knowledge and justification for the study**

A greater understanding from the perspectives and meanings of individuals undertaking the nurse link tutor role would provide a better understanding of how the role is performed. The role is complex as a result of the combination of academic and practice roles, and there is a need to identify new perspectives of how the role could be developed further. Understanding the role from the perspectives and experiences of nurse link tutors, using a symbolic interactionist perspective has not been achieved before.

No research studies have considered if emotion work and management are carried out by nurse link tutors and if so why and how this experience relates to shaping their role, especially in relation to personal and social identity. Extending Theodosius' (2008) theory that emotional labour is linked to social identity and the role of the nurse, could assist an understanding of the practice role of the nurse link tutor, and then further understanding of this role in the future as a result of new (NMC, 2018) education standards. As nursing is a prerequisite for the practice role

of the nurse educator, it is proposed that their role in practice would be closely related to their professional and social identity.

In order to achieve this understanding the study research question asked, "What is the role of the nurse link tutor in supporting undergraduate pre-registration adult student nurses in the practice placement area?" The aim was, "to understand the role of the nurse link tutor as well as the complexities and challenges within the practice learning community". A set of sub-questions concern:

- What does the nurse link tutor specifically do in their role?
- How does the nurse link tutor carry out their role?
- What factors impact on the role?
- What are the complexities and challenges of the role?
- What is required for the nurse link tutor role in the future in order to meet twenty-first century practice requirements?

### Summary

From the evidence presented it appears that the role of the nurse link tutor in fulfilling a practice role is complex. Nurse link tutors have reported little support and guidance concerning the need to develop their role and a tension exists between the need to fulfil other academic role responsibilities and develop a research portfolio.

Gaps in knowledge and justifications for study have been proposed in relation to a greater understanding of the role of the nurse link tutor. In an endeavour to achieve this understanding the proceeding chapter will present this research study.

## **Chapter 3 Methodology and methods**

### **Introduction**

This chapter is organised into two parts: the methodology and the research methods. The first part discusses the design of this two phase focused ethnographic study from philosophical beginnings to methodological decisions. The second part, discusses data collection methods of: participant observation, informal interview and focus group, and the research site and sampling issues are explored. This is followed by a discussion of ethical considerations and data management leading to an explanation of the methods of data analysis and theme development. Strategies for ensuring trustworthiness focused on verification strategies and the need to establish the credibility of the research findings.

### **Methodological approach**

Research questions are at the "heart of design" (Bazeley, 2013, p. 34); in order to answer the research questions and focus on the study aims, presented in the previous chapters, an open and reflexive design was adopted. It was acknowledged that effective qualitative research design should be inductive in approach (O'Reilly, 2012) and there should be integration between the constituent components of the study. In order to achieve this I adapted Maxwell's (2013) research design framework by condensing the five originally described components to four and by showing the relationships between each component as applied in this study, shown in Figure 2.

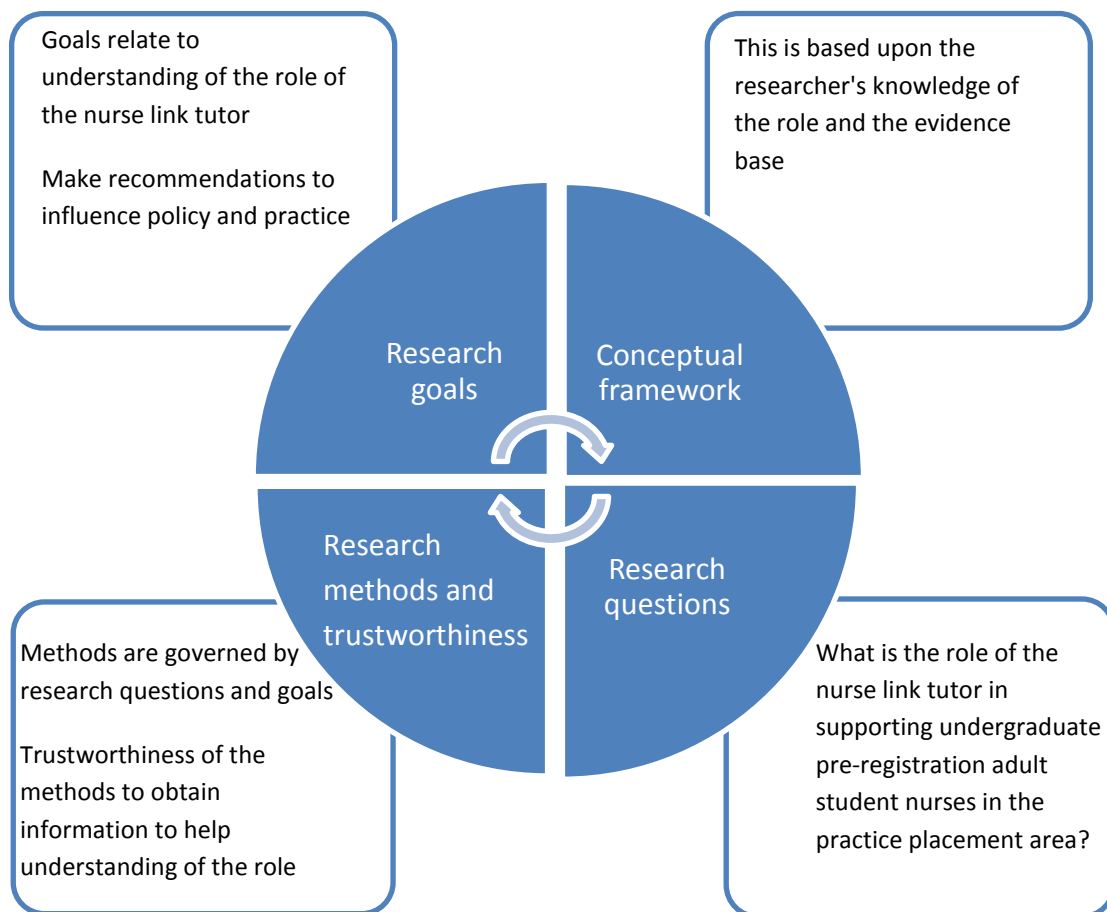


Figure 2: An interactive research design framework (adapted from Maxwell, 2013).

An important component of the design of a study is the conceptual framework used by the researcher which provides a "rationale and foundation" for research as well as a "starting point for analysis" (Bazeley, 2013, p. 43). The researcher's own conceptual framework can be seen in Figure 3.

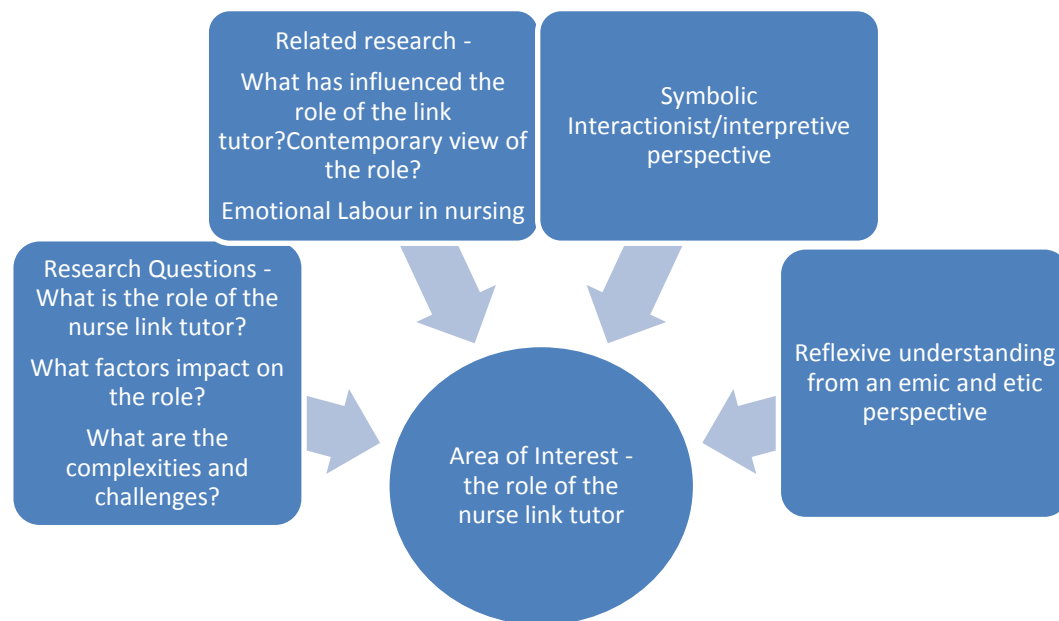


Figure 3: Researcher's conceptual framework

The research questions used in this study were derived from my conceptual framework. In order to answer the research questions and aims in this study I favoured the interpretive paradigm as it emphasises "understanding and meaning individuals ascribe to their actions" (Weaver and Olson, 2006, p. 460). The researcher wanted to be able to understand the role of the nurse link tutor from the participant's perspectives and apply this understanding to make recommendations for professional practice and further research. Limitations of the interpretive paradigm suggest that it lacks objectivity which has limited theorizing (Weaver and Olson, 2006, p. 464). In contrast, Greene (1994, p. 536) argues that the interpretive paradigm is "about contextualised meaning", with the "human inquirer" gathering and interpreting meanings. In this respect lived reality is neither objective nor subjective but a result of the interplay of the two.

The goal of qualitative research, according to Leininger (1985, p. 5), is to "document and interpret as fully as possible the totality" of what is being studied from "the people's viewpoint". Leininger (1985, p. 5) stressed the importance of knowing and understanding the internal and external worlds of people under study, while Denzin and Lincoln (1994, p. 2) propose that qualitative research involves an "interpretive, naturalistic approach to its subject matter". Creswell (1998, p. 17) offers compelling reasons which have been applied here; firstly, the nature of the research question

asks; what is the role of the nurse link tutor? What are the complexities and challenges of the role? These questions aim to establish a greater understanding of the role from the perspective of the nurse link tutors. Secondly, this is a topic of study that has limited evidence and the role of the nurse link tutor is poorly understood, ambiguous, without any clear guidance or clarity. Thirdly, in order to understand the role of the nurse link tutor, a detailed and searching study of the participants in their natural setting should be carried out in order to understand their internal and external world and report these findings. Finally, the researcher is able to engage directly as an instrument of data collection within this study, so adding to the insight and understanding of the role of the nurse link tutor and allowing representation of the participant's views.

In order to explore the rationale for using a qualitative approach, the presumptions concerning knowledge upon which qualitative research is based are relevant. Firstly, according to Leininger (1985, p. 5), the context or natural environment is an important source of cultural information about people. Understanding the world of differing people is only achieved through time and through their perspective. Contextual information related to the nurse link tutor, practice teams, places and settings in which the tutor worked, have been shown in Appendix 2, and will be further discussed in the study findings, so helping to reduce "context stripping" (Guba and Lincoln, 1994, p. 106). Secondly, human beings portray characteristics that can be captured and understood by qualitative research methods. There are rich sources to be used to gain an understanding of the nurse link tutors role by studying their language, use of symbols and accounts. Thirdly, perspectives of the researcher and nurse link tutor participants should be considered as important sources of knowledge and so provide a complete picture of reality. Fourthly, discovering and understanding differing world views from the perspectives of the nurse link tutors was essential. The meanings and interpretations that the link tutors attach to their experiences could provide useful sources of data in qualitative research methods and the context of the experience should be preserved in its entirety.

The aim of this study was to understand a professional role from the perspective of the nurse link tutors; only they could truly confirm the reality of the role from their own understanding and meaning. Interpretivists, try to understand reality from the

perspective of people themselves, their goal is grasping (Verstehen) the "meaning" of social phenomena (Schwandt, 1994, p. 119). However, interpretivists struggle "with drawing a line between the object of investigation and the investigator" but the emphasis is on the world of experience as it is lived and experienced by the participants (Schwandt, 1994, p. 125).

### **Critical justification of the study methodology**

I considered it essential that an understanding of reality through the symbolic interactionist perspective (Charon, 2010) would be a relevant methodology within this study. I explain the basis for this decision within this justification and relate this to the proposed objectives of this study.

The symbolic interactionist perspective regards the human being as active in the environment, interacting with others and self, as well as a dynamic being that defines situations according to perspectives developed and altered in on-going social interactions (Charon, 2010). Therefore, according to Schwandt (1994, p. 124) symbolic interactionism is an approach to the study of "human action", requiring the researcher to actively enter the worlds of people being studied in order to "see the situation as it is seen by the actor", observing what is seen and the process through which the actor interprets the world. The researcher studies individuals' interaction in search of portraying and understanding the process used by individuals to make sense of their world. This is relevant to this study as social interaction according to Blumer (1969, p. 52-53) is a "formative process", people in interaction do not only give expression to determining factors such as their social role in "forming lines of action" but are also responsible for directing and transforming their action in reference to what they encounter.

The objective of this study was to understand the role of the nurse link tutor in the practice learning community, this would therefore involve: observing who the nurse link tutor interacts with, what happens during that interaction process, how the nurse link tutor relates to others, and how symbols and meanings are created and used in relation to their role. In particular the study of "symbols" was important in this study as according to the symbolic interactionist perspective, humans exist in a world of social objects (Charon, 2010). One class of social objects is symbols, these are used to communicate and represent something, usually through words. The

symbolic interactionist perspective was therefore a valuable methodology to achieve an understanding of a professional role because of the main underpinning ideas (Charon, 2010) relating to the belief that the human is an active being in their environment, the focus on social interaction, human thinking, and constantly defining their present situation.

The symbolic interactionist researcher according to Charon (2010, p. 187) should follow important principles of investigation. I will discuss these but in no particular order of priority. Firstly, to understand action from the perspective of what the actors themselves believe about their world. In order to achieve this, it was necessary to observe and participate in interaction with the nurse link tutors. This was in addition to while they are interacting with others in the course of role performance, such as: students, mentors, and other members of the practice teams, as well as observing and participating in their activities. Ethnographic data collection tools of, semi-structured interviews (Fetterman, 2010) and focus groups (O'Reilly, 2012) were useful in this respect as they required verbal interaction and capture use of language and allowed greater understanding from the feelings and perspectives of the nurse link tutor.

The second principle is, observing people in real situations, this was achieved by participant observation (Roper and Shapira, 2000) of the nurse link tutor during situations while they were performing their role in practice. Symbolic interactionists are concerned to broaden an understanding of the cause of human action to include definition of the situation in the present. This understanding is dependent on the researcher recognising that humans are active in defining the situation and directing the self. Therefore, using a methodology that helped the researcher to understand how the link tutors define their role, identify social norms, values, feelings, as well as how they act and respond to the issues they confront, achieved this principle.

Finally, the symbolic interactionist is required to: describe the elements of human interaction and discover the stages which are necessary for a given phenomenon to come into existence and sustain itself. Blumer (1969, p. 52) proposed that the symbolic interactionist perspectives sees group life as a process in which people as they interact together, indicate "lines of action to each other and interpret the indications made by others". This investigative principle called for a study of



"processes", these are a "string of developing factors" (Charon, 2010, p. 189) that helped understanding of specific antecedent factors that contribute to the way the nurse link tutor carries out their role. In this way the symbolic interactionist appreciates that the cause of human action is complex and multifaceted but must recognise that often meanings and interpretive processes are "embedded in and reflective of existing cultural and organisational contexts and systems of meaning" (Snow, 2001, p. 371). However, focusing attention on "social processes" (Prus, 1996, p. 142) in this study ensured that the study was grounded in the experiences of the nurse link tutors and the meanings that they perceived related to their role. Therefore a more complete picture of the individual and behaviour was provided by the consideration of social processes in this study which is rooted in the symbolic interactionist tradition.

The guiding principles of investigation proposed by Charon (2010) all support the approach taken in this study that it is the careful and direct examination of the nurse link tutor in their role, as well as the meaning associated with their social interaction and the interpretations based on this interaction that was of interest to the researcher.

The focus of ethnographic research (Roper and Shapira, 2000) is the relevance of meanings in social interaction and an understanding of the relevance of these, this includes the: actions, activities and events pursued by the people the researcher is seeking to understand. Some of these are expressed directly in language, some are taken for granted and expressed indirectly through words and actions (Spradley, 1979). These "meaning systems" or culture, according to Spradley (1979, p. 5), guide the behaviour of the group and help people to make sense of the world, themselves and others. The focus for the ethnographer is to identify what is at the heart of these "meaning systems" by observing, listening and making "inferences" of speech, behaviour and studying artefacts, which are material objects (Hammersley and Atkinson, 2007) which have significance to the cultural group and how they are used. By employing ethnography as a methodology in this study I have been able to describe the cultural meaning system of the nurse link tutor and using strategies of ethnographic data analysis search for the different elements of the culture and their relationship as perceived by the nurse link tutor, enhancing an understanding of the nurse link tutor role.

Consideration of the combination of the symbolic interactionist and ethnographic approach are now explored in this study and further discussion of the study methodology and methods are explored within the rest of this chapter.

## **Ethnography**

Ethnography has been described as "a family of methods, involving direct and sustained social contact with agents", involving the "recording" and "representation" of "human experience" (Willis and Trondman, 2000, p. 5). Inadequacies of traditional science as a way of capturing the lived experiences of cultural groups, led to the development of ethnography. Spradley (1980) believed that ethnography provided an opportunity to describe cultures, learn from people and provide the meanings of actions and events which were important for individuals' lives.

Ethnographic research is defined by its attempt to "generate participant insight into aspects of group life" (Prus, 1987, p. 254) and develop "intimate familiarity" with the focus of study. The task for me in this study was to be able to convey these participant insights to others while protecting the features of group life they were revealing (Prus, 1987). Conceptualisations of culture have been proposed as "behavioural and cognitive" (Fetterman, 2010, p. 16), from the behavioural perspective, culture was studied through a group's patterns of behaviour and the way it functioned, while the cognitive perspective consisted of the ideas, beliefs, and knowledge, used by the group of nurse link tutors. By applying these two perspectives (Roper and Shapira, 2000, p. 3) in this study I was better able to explore what the nurse link tutor knows, their beliefs and what they do, therefore enabling understanding of their role.

Culture has been described as a "social creation" and influences what people do (Charon, 2010, 36); it is also a product of communication and acts to guide individuals. A group, culture or society sees reality as a result of the perspectives taken on through social interaction and understanding of what humans do relates to their perspectives (Nash and McCurdy, 1989; Charon, 2010). The combined strengths of symbolic interactionism and ethnography in this study had value in getting closer to the actual human experience of the link tutor role and helped an understanding of the unique perspectives of the nurse link tutors and the culture of

the group they belonged and interacted within. The benefits of this approach and the need to ensure the trustworthiness of the findings are important and are further discussed paying attention to the need for researcher reflexivity.

The decision to use a focused ethnography was based on two reasons: firstly, as an insider nurse link tutor, I had an opportunity to conduct research which was of professional interest. Secondly, methods such as participant observation enabled me to "step back" from the nurse link tutor role, take observations and make sense of the role that other methods of data collection may not have allowed. Observing would allow understanding of the context in which the nurse link tutor worked, to gain an understanding of the cultural group. As well as making cultural inferences from behaviour, use of language and artefacts (Spradley, 1980), I was keen to identify the tacit knowledge known and used by members of the cultural group. Ethnographic data collection methods of informal interviews and focus group provided insights into understanding tacit knowledge from the cognitive perspective.

As well as ethnography providing opportunities to highlight knowledge and understanding of a cultural group there are areas of tension and possible conflict. Boyle (1994, p. 160) proposes that, "the ethnographer's theoretical orientation can influence how inferences are made from what people say and do". As a symbolic interactionist within the interpretivist paradigm I was concerned with how members of the group interpreted, understood and made sense of their world.

Systematic ethnographers propose to "define the structure of culture, rather than describe a people and their interactions and emotions", they are interested in the ways that people organise their knowledge (Muecke, 1994, p. 192). The aim of systematic ethnography is to discover "the native point of view" through rigorous "semantic analysis" (Muecke, 1994, p. 192), while the interpretive ethnographer aims to discover the meaning of observed social interactions through analysis of inferences found in behaviour (Muecke, 1994, p. 193).

In this study I have used an interpretive approach, using a focused ethnography (Muecke, 1994, p. 198). Focused ethnographies retain the characteristics of traditional ethnographic research but focus on a "distinct problem within a specific context, among a small group of people" (Roper and Shapira, 2000, p. 7). Participants often have an in-depth knowledge and experience of the topic

(Higginbottom, Pillay and Boadu, 2013); the researcher needs to have knowledge of the field to enable a focus on certain situations, activities and actions relating to the participants (Knoblauch, 2005, p. 6). Focused ethnography has emerged as a promising method for applying ethnography and as a tool for gaining insight into the context, the people and the interactions of practice (Higginbottom, Pillay and Boadu, 2013; Cruz and Higginbottom, 2013). However, Muecke (1994, p. 203) cautions that the greatest risk of a focused ethnography is that the boundaries of their focus may exclude what is relevant, and what is important is that the "people studied be contextualised comprehensively and accurately in their local symbolic, social and physical environment". In order to avoid this risk I remained open to contrary interpretations by my pursuit of on-going reflexivity and attempted to attain a complete picture of the people being studied (Muecke, 1994).

Boyle (1994, p. 162) observed that ethnographies share common characteristics in that they are holistic, contextual, and reflexive. These characteristics have relevance for the decision to use ethnography in this study, in particular a holistic perspective was essential in order to understand the social and cultural construction of members of the group of nurse link tutors (Walsh, 1998). In addition, the information that is gained from the group must be contextualised by placing it within a larger social perspective (Roper and Shapira, 2000, p. 3) and so assisted understanding of the cultural group of nurse link tutors within their practice role.

All ethnographic fieldwork occurs in the real-world setting with the ethnographer observing, participating and asking questions in order to gain "cultural immersion" (Streubert and Carpenter, 2011, p. 174), this was important for me from a symbolic interactionist perspective to understand the nurse link tutor role as it is performed in their natural environment . In addition I strived to reach the implicit or hidden aspects of culture as well as the explicit or public aspects (Leininger, 1985) in order to make cultural inferences. A good ethnography should provide "thick description" (Wolcott, 1994; Fetterman, 2010, p.125) of human behaviour and analysis of the behaviour in its "cultural context" (Robertson and Boyle, 1984, p. 44; Muecke, 1994, p. 193; Van Maanen, 2011).

Critiques of ethnography have centred on how well ethnography can "claim to represent an independent social reality" and challenge issues of representation, as

the data used is "a product" of the researcher's participation in the field (Hammersley, 1992, p. 2), developed further through the process of analysis and writing the ethnographic account. In order to address critiques of ethnography, my reflexivity as the researcher was important in this study and provided me with the ability to play an active role in the production of data (Pellatt, 2003; Davies, 2008, p. 8).

### **Reflexivity and its role in ethnography**

The reflexive characteristic of ethnography enabled me to become the "primary research instrument" and a "conduit for information shared by the group" of nurse link tutors (Streubert and Carpenter, 2011, p. 171). Identifying the participant's views and meanings, "the emic" or "insider" (Green and Thorogood, 2018, p. 177) perspective, as well as "the etic" or "outsider" (Green and Thorogood, 2018, p. 177) perspective, data "derived" from my observations, both perspectives are important for understanding in ethnography (Boyle, 1994, p. 166). Reflexivity allowed me to make sense of what has been seen, stepping back, analysing and interpreting data collected. This reflexive element is essential, which enabled me to understand the effect that my presence may have had on the culture being studied and how this may have affected the outcomes of the research. Coffey (1999, p. 144) draws attention to the dynamic nature of power relationships in field research and ethnographic production, the "crisis of representation in ethnography" with the potential for the participants being observed to be "deprived of a culturally legitimised means of expression". Adopting a critical "self-conscious approach" (Coffey, 1999, p. 145) through my reflexivity, and considering how I represented the perspectives of the participants, were important considerations.

Reflexivity offers a tool and enables richer understandings for qualitative research where the issue of subjectivity in research should be exploited (Finlay, 1998; Finlay, 2002). Koch and Harrington (1998, p. 888) argue that reflexivity should be incorporated into research projects as it provides an "internal logic achieved by detailing each interpretative, reflective turn of its maker". Wilkinson (1988, p. 45) refers to this process as "disciplined self-reflection", requiring evaluation of personal and methodological reflexivity, acknowledging the important position of the researcher. Wilkinson (1988, p. 494) proposed three elements of reflexivity, which have been considered within this study. The Personal: "the researcher's own

identity" which can influence and affect the dynamics of the research. The Functional: relevant to the "nature and function of the research enterprise". The Disciplinary: the analysis of the nature and influence of the field of enquiry. Reflexivity has been highlighted at important stages in the research journey, using researcher diary entries, from the initial start of the professional doctorate journey, to continued reflexivity capturing the researcher's subjectivity (Corolan, 2003) in the process of gaining access and fieldwork (Appendix 3). Continued reflexivity will demonstrate part of the process of trustworthiness and ongoing self-critique, helping the reader to decide if the research study is believable and plausible (Koch and Harrington, 1998, p. 887).

Several tools and strategies have been used to stimulate thinking and reflexivity throughout this study; these included the use of a reflexive journal and memos detailing insights and sources of satisfaction and frustration (Lamb and Huttlinger, 1989, p. 771). A theme board at the start of the research journey provided a visual representation of professional practice. The theme board (Barry, 1996) stimulated critical thinking about professional practice, providing a starting point for learning and reflecting. In addition, assignment and portfolio development during the doctorate programme highlighted growing insights into the nature of the qualitative domain of inquiry, and the researcher's own study provided insight into the choice of data collection and analysis tools.

Cousin (2010, p. 11) draws attention to researcher reflexivity and refers to the need for "positional reflexivity" in which the researcher makes it known how they have contributed to the gathering and analysis of evidence. A researcher biography (Appendix 4) positioned me within the cultural group under study and allowed the identification of values and beliefs, as well as any preconceptions. These reflexive insights and developments (Cudmore and Sondermeyer, 2007) were integrated to demonstrate reflexive practice and contributed to the trustworthiness of the study findings.

## **Research Methods**

### **Research site(s) and sampling procedures**

"Blake" NHS Trust site was chosen initially for fieldwork. The Practice Team consisted of three trust practice facilitators from both the acute and community trust

and two link tutors. Unfortunately, after one episode of completed field work, trust participants objected to my participation and observation in the trust and would not commit to further episodes of field work. This was a disappointing experience as the nurse link tutors were happy for me to continue and this caused delay while ethical approval was sought in a further NHS Trust. I reflected upon this experience so I could learn more about the effect of my researcher role, shown in Appendix 3. While seeking further ethical approval prospective participants were considered from a Practice Team in the second Acute Trust I was unfamiliar with. The Trust is referred to as "Eliot" and involved a Practice Team consisting of three Trust Practice Facilitators, from both the acute and community trust and two nurse link tutors. Miles and Huberman (1994, p. 30) mention sampling parameters such as setting, actors, events and processes. The settings would be in the areas where the nurse link tutors carried out their role, while the actors were the nurse link tutors, practice placement facilitators from the trust, students and clinical mentors. Events observed were dependent on nurse link tutors and trust staff identifying these to the researcher during field work observations, these included formal student and mentor support and update sessions and visits to clinical areas. Processes were for example; action planning, communicating with mentors, personal teachers and practice placement facilitators, and completing tutorial records and documentation.

The sampling strategy was based on each practice team having two or three nurse link tutors who worked in practice, therefore it was hoped that all of the nurse link tutors in the second practice team (Eliot) would be included after agreeing to being part of the study, referred to as a "big net approach" (Fetterman, 2010, p. 35). Conducting a focused ethnographic study involves identifying "key informants" (Roper and Shapira, 2000, p. 77) that have experienced the "phenomenon of interest". The sampling strategy was purposive (Miles and Huberman, 1994, p. 27) involving the two nurse link tutors who worked in "Eliot" Trust. In ethnography participants are selected purposively, based on their knowledge of the area of interest and willingness to discuss their experiences (Roper and Shapira, 2000; Lambert, Glacken and McCarron, 2011; Robertson and Boyle, 1984). A portrait of the key participant nurse link tutors is shown in Table 3 showing their pseudonyms and professional background.

Name	Trust	Participant Portraits
"Jackie"	"Eliot"	Jackie had been a senior lecturer in the HEI for eight years and had worked in Eliot trust as a link tutor for a number of years. Jackie had an acute nursing background and had previously worked in the trust as a registered nurse
"Dawn"	"Eliot"	Dawn had a background in community nursing and had been a senior lecturer for ten years. Dawn was a module leader and had worked as a link tutor for ten years covering acute adult and community nursing placements.
"Yvette"	"Blake"	Yvette had a background in community nursing and had been a senior lecturer for twelve years. Yvette was a module leader and had worked as a link tutor in the trust for twelve years covering acute and community placements.

Table 3: Portrait of the nurse link tutor participants

Morse and Field (1996, p. 65) propose that two important criteria for qualitative research sampling should be met: appropriateness of the participants and adequacy of enough data to enable a rich description of the phenomenon of interest. In this study the same three nurse link tutors took part in the second study phase and were the chosen study "sample" (Denscombe, 2010, p. 23), while the practice team members and trust practice mentors that they worked with as well as the student nurses on placements were the "research population".

#### **Negotiating access and establishing rapport**

Gaining access to the site of study and key participants involved a series of steps (Creswell, 1998, p.115), aiming to build trust and rapport with individuals as well as gain consent from participants. This is the first step in the Developmental Research Sequence (DRS) method (Spradley, 1979). Access is not simply a matter of physical presence in the field or the granting of permission for research (Hammersley and Atkinson, 2007, p. 43) but a sensitive process that continues throughout the duration of a study and sometimes beyond (Janesick, 1994, p. 211). In this study access was negotiated after full ethical review and permission had been granted (Hammersley and Atkinson, 2007, p. 42), in addition, securing trust and rapport was important at the start as this helped renegotiate relationships with the nurse link tutors from a previous "insider" working as a nurse link tutor to now an "outsider". McGarry (2007, p. 12) draws attention to the nature of field relationships



in ethnographic research, suggesting the need for a demonstration of a more representative account rather than an idealised notion. Borbasi, Jackson and Wilkes (2005, p. 496) highlight the problem of how involved the researcher should become with study participants but report the positive aspects of carrying out research in familiar settings because of background knowledge and socialisation.

O'Reilly (2012, p. 90) proposes that "access is not separate from the research itself", through consideration of some of the issues that can arise in securing access, it is possible to learn a lot about people's views and understandings as well as what can or cannot be viewed within a setting. Negotiating access to the field of study has been cited as a frequent on-going issue of concern in an ethnographic study (Walsh, 1998, p. 224), requiring renegotiation and allowing people to accept the researcher over a period of time (O'Reilly, 2012).

Initial contact with gatekeepers in the practice team was the first stage in this negotiated process, but gatekeepers, those "actors with control over key sources and avenues of opportunity" (Hammersley and Atkinson, 2007, p. 27) can throw obstacles in the way of the researcher. They may be concerned with how the research data will be used, for example that it may "expose" sensitive organisational information or practices they do not want the researcher to uncover. Gatekeepers may therefore exercise some degree of surveillance and control (Hammersley and Atkinson, 2007, p. 51). In order to recruit participants and provide information about the study, a meeting was convened with the practice team in "Eliot" Trust. This meeting enabled information to be provided about the study, shown in Appendix 9ab, the discussion of confidentiality and the reporting of results, followed by the process of seeking written consent from participants (Appendix 10) and invitation to take part (Appendix 11). This approach prevented any further access difficulties and started the process of providing information and establishing rapport with the participants.

Closeness to participants has been proposed as an essential element of ethnographic participant observation (Roper and Shapira, 2000, p. 62), so encouraging trust and rapport. However, not all participants may view the situation in this way and there may be barriers preventing the researcher gathering data. O'Reilly (2012, p. 87, 88) proposed categories of access difficulties: the first concerns issues involving the researcher and their personal attributes such as age

and gender. In this study the researcher considered how others in the trusts viewed me and if I had any prior opinions of others that would come out, consciously or unconsciously during the course of field work as a result of my prior role as an insider nurse link tutor. Hammersley and Atkinson (2007, p. 60) comment on the view or expectations of the researcher as "the expert" or "the critic", both can lead gatekeepers to be uneasy and anxious as to the consequences of the research. The second category of access difficulty concerns the setting in which the research is conducted, in this study as it was a hospital trust, this may have involved data security and confidentiality. Therefore issues of data management and security were important and have been considered further in this study. The final issue is the role of the researcher, as well as if participants had concerns about the purpose of the study, how the researcher would conduct field observations or how results would be reported.

I considered if participants understood the nature of participant observation, if there was concern about portraying the participants and the NHS trust in a negative manner and ethical issues concerning consent and confidentiality. Hodgson (2001, p. 44) reports some of the key elements in negotiating access, these concern "the rights and integrity" of those under study, as well as the "place of the researcher" within the study. These have been considered in relation to ethical conduct; I was able to reflect on my first meeting with participants in Eliot Trust and considered my role as an ethnographer (Appendix 3). Allen (2004, p. 14) comments on the central role of the researcher in the generation of data, this requires "attention to issues of identity and social status". In Allen's (2000) ethnographic study, field relations and negotiation of role were important considerations as well as the insider-outsider status.

There has been much written about the insider/outsider status and relationship in ethnographic field work (Coffey, 1999, p. 33; Bonner and Tolhurst, 2002), both with advantages and disadvantages. O'Reilly (2012, p. 98) proposes that ethnographers occupy both an insider and outsider status in the quest to produce "ethnographic insight". While Cousin (2010, p. 17) believes that the research encounter should be negotiated as a "shared space". Consideration of the concept of "space" helped me to consider the position of "researcher in the middle" (Breen, 2007, p. 163) and the space in between these "diametrically opposed positions" as neither an insider nor

outsider. In Breen's study (2007) the experience "in the middle" influenced the research process and maximised the advantages of each role while minimising potential disadvantages. My role in the middle acted in a similar way and helped me to adopt a role that Allen (2004, p. 19) proposed is "compatible with the research aims".

### **Ethical considerations**

As a registered nurse the researcher was required to uphold professional Codes of Conduct and Standards of Practice (NMC, 2015). The Research Governance Framework (Department of Health, 2005) served as a guideline for the conduct of this research and three ethical principles were upheld in relation to: beneficence, respect for human dignity and justice (Avery, 2013; Gallagher and Hodge, 2012). The insider/outsider position involved a number of ethical responsibilities (Roper and Shapira, 2000, p. 118; Murphy and Dingwall, 2001), these related to the need to maintain: professional boundaries between my insider/outsider role and a respectful relationship with participants. In addition it was important to protect participants' interests (Denscombe, 2010) by explaining to participants my researcher role, the kind of information I would collect, how this information would be used and safeguarded which was undertaken verbally and by the use of an information sheet shown in Appendix 11.

### **Ethical approval**

Ethical approval was obtained to conduct this study, shown in Appendix 12 and 13. This approval involved permission being sought for both study phases from the University Ethics Committee and NHS Trusts through the National Research Ethics Committee (NREC) (RCN, 2004). As a member of faculty staff approval was sought from and granted from the Dean of School, shown in Appendix 14 and Trust approval letters are included (Appendix 15).

### **Informed Consent**

Informed consent was an important ethical consideration at the start of the study but as fieldwork progressed it posed tensions as participant observation fieldwork involved other participants. According to Plankey-Videla (2012, p. 4) obtaining and maintaining informed consent can be more complex. Difficulties concerned issues of whose consent should be sought in field work observations as well as how much

information should be given. Informed consent was gained from the link tutor participants before field work commenced by written consent (Appendix 10), this informed participants of their rights to withdraw from the study and confidentiality and an information sheet about the study had been provided (Creswell, 1998).

As field work often involved observations in which other participants were involved such as student nurses and trust staff, issues of consent were more difficult because of the large numbers of students and staff involved and the fact that they did not need the full and detailed information required by the link tutors. In order to overcome this issue, "Process Consent" (Ramcharan and Cutcliffe, 2001; Plankey-Videla, 2012, p. 3) was obtained from individuals involved in fieldwork observations (Appendix 16 and 17). This worked well and enabled participants to have information about the study and the ability to withdraw during observation if required. The consideration of informed consent as an on-going process, rather than a static one-off event (Moore and Savage, 2002, p. 67), required researcher reflexivity and understanding of the changing power dynamics that can exist between the researcher and participants and the need for on-going renegotiation of consent.

#### **Data protection, anonymity and confidentiality**

The protection of participant information was a prime consideration throughout this study, this involved protection of participant identity and confidentiality of shared information (RCN, 2004). O'Reilly (2012, p. 68) and the RCN (2004) provide ethical guidelines which were applied. All names of participants and NHS Trusts were removed on field notes and interview transcripts. The researcher devised a system of renaming using pseudonyms and ensuring this information was securely stored. Confidentiality of information was assured for the duration of the study with participants so that information, some sensitive, could not be attributed to a particular participant or trust. Protection of data during both phases of data collection and analysis, involved the secure storage and then destruction of primary data from: field notes, the researcher's diary and focus group transcripts, as well as information held on a password protected personal computer that only the researcher had access (Great Britain Parliament, 1998; Data Protection Act, 1998; ASA Ethical Guidelines, 2011).

Ethnographic research can present a number of challenges as it is dependent on interaction and relationships. In order to see the world through “participant perspectives”, the researcher becomes close to participants, potentially creating ethical issues (Lipson, 1994, p.334). The importance of non-exploitative relationships and sensitivity to participants were important to me as well as using applied ethical principles and practices, these were all suggested as important by Sadler-Moore (2009) in her ethnographic study of the parameters of the surgical nurse's role. Relevant issues relate to the role and responsibilities of the researcher and the need to identify and manage researcher bias as well as endorse an ethical stance from the outset. As the researcher was a registered nurse and bound by NMC Professional Codes of Conduct and Standards of Practice (NMC, 2015), I was responsible and accountable for minimising any risks and reporting concerns relating to unsafe or poor practice.

### Data collection strategies

This focused ethnographic study was conducted in two phases. The Developmental Research Sequence method (DRS) (Spradley, 1979) guided phase one fieldwork and data analysis. An overview of the DRS stages can be seen in Figure 4.

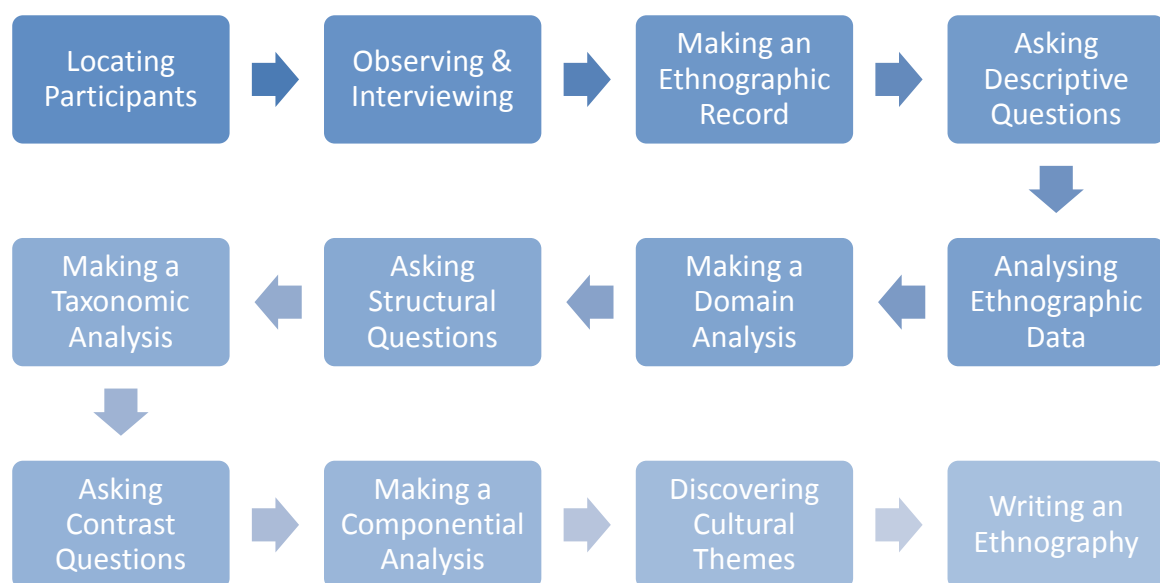


Figure 4: The Developmental Sequence (from Spradley, 1979)

### Phase one - fieldwork

Fieldwork followed Spradley's (1980) ethnographic research cycle which involved the collection of data by participant observation over three phases described as:

descriptive, selective and focused fieldwork. The first phase began by making broad descriptive observations over the course of a typical day in the field of practice, which enabled the development of an overall picture of the nurse link tutor role and identification of the types of activities they were involved in (Appendix 18 Observation Schedule). After recording these observations in a field diary along with "time out" periods, further selective and focused observations followed. Spradley's (1980) Research Cycle involved "time out" periods to analyse data and formulate more questions that could be used during the selective and focused stages of observation. This immersion in the cycle of observation followed by analysis was necessary to discover the cultural knowledge held by the nurse link tutor and to try to narrow down and focus the periods of observation to particular aspects of behaviour and experiences. This phase involved nine days of fieldwork, over eleven months, with a necessary change of NHS field work site after the first observation period. In this study the "stage of saturation" of data was continually reviewed to identify the point where no new data was emerging during field work and all possible contrasts or exceptions, known as "negative instances" (Miles and Huberman, 1994, p. 29) had been identified.

Data was collected in phase one by "participant observations" and "ethnographic interviewing" (Spradley, 1979, p. 17), carried out in the field of practice and collected in a note book and reflective diary. Spradley (1979, p. 8) proposed that, in carrying out fieldwork the researcher will be "making cultural inferences from what people say, the way they act and from the artefacts they use", in order to provide a cultural description. The observation arrangements were opportunistic, involving a mutually agreed day where the nurse link tutor was available for the day and it would be possible to shadow, observe and interact with as many of their work related activities as possible. These involved: informal team meetings, student support and preparation sessions, mentor update sessions and also action planning meetings with students and mentors. These fieldwork periods were conducted where the nurse link tutor carried out their role, in the hospital trust where students were on placement, also in the university during student group preparation sessions and where students were on placement, such as nursing homes.

Descriptive field notes were made immediately after each observation and then a full field record was notated followed by word-processing of each episode. These

observations were conducted in the "natural" setting where the nurse link tutor practised. "Naturalistic" is a feature of qualitative research (Schreier, 2012, p. 28) as great value is placed on preserving the real-life context. Ethnographic field notes were made of observations, descriptions of behaviours, conversations, use of language, activities of the nurse link tutor, the settings and interactions with students and trust staff. Informal interviews were conducted as part of participant observations and recorded in field notes. Documents used by the nurse link tutor were collected for further examination (Hammersley and Atkinson, 2007). Fully transcribed records were made from each day of observation (Appendix 19 shows part of a twelve page transcribed record of the first observation fieldwork).

In participant observation the researcher becomes the main instrument of social investigation and facilitates the collection of data on social interaction as well as situations as they occur in the natural setting. Lofland and Lofland (1995, p. 19) refer to participant observation involving "the interweaving of looking and listening, of watching and asking", to gain understanding of a cultural system. The advantage for the researcher is the ability to collect detailed data and to obtain "accounts of situations in the participant's own language" which will then help to provide "access to concepts that are in use in everyday life" (Burgess, 1984, p. 79).

Strategies for approaching a setting as an observer (Wolcott, 1994, p. 161) were applied. Firstly, observe broadly and record everything, while secondly, looking at "nothing in particular", useful if there is a lot to take in. Further strategies of "providing an observer focus" suggest looking for contradictions or paradoxes and finally identifying the key problems or concerns that affect a group and how they deal with these issues. There are similarities with the practice of nursing and participant observation as both involve an attempt to understand the perspective of others. It is the amount of emphasis placed on observation as opposed to participation that should be clarified, as the role of the researcher will change through their interaction in the setting.

Gold (1958) proposed a "typology" of research roles from: "the complete observer", "the complete participant", "the observer as participant" and "the participant as observer". My role within this study occupied a number of roles. On some occasions I was "the participant as observer", undertaking prolonged observation

and involvement in all the activities undertaken by the link tutor. These involved a full range of the day's activities, which involved, participating in student support sessions, meetings and workshops with mentors, providing support for students and mentors in practice, and student preparation sessions in the university. In addition my role sometimes became "an observer as participant", focusing more on observation and informal interviewing. In reality my role changed through the entire role dimensions during the course of fieldwork. Hammersley and Atkinson (2007, p. 86) concur with this position, stating that shifts in these roles often occur during fieldwork and has the advantage to permit the researcher to "discount their effects on the data", so allowing access to different kinds of data by exploiting roles and reducing bias.

Leininger (1985, p. 52) proposes a three phase field method involving observation first, through to participation and finally reflective observation. During this process I was able to learn, listen, and experience a lot from the people being studied by observation and active involvement and then reflecting on that experience during the writing up phase. Although I had beneficial experience and insight into the nurse link tutor role that helped an understanding of what I was observing, there was a danger that over-familiarisation with the role and over rapport with the participants may have led to making false assumptions (Hammersley and Atkinson (2007, p. 87). In addition being familiar with many of the customs and norms of the nurse link tutor, it would be important not to miss details that could be learnt about cultural knowledge, involving how they performed their role. Spradley (1979, p. 50) provides a caution about studying a "familiar cultural scene" and the danger of overlooking important aspects of the culture and taking it for granted. In addition, there is a danger that the researcher could "modify and influence the research context" as well as becoming influenced themselves (Burgess, 1984, p. 80).

In order to clarify participant observation, Pearsall (1965, p. 37) proposed three aspects, as it is: "a role", "a body of techniques for gathering data", and "a methodology" for understanding behaviour. It is important to distinguish these when reporting research so that the influence of each can be assessed in relation to the study results. Each of these aspects of participant observation will be considered with the final consideration relating more to the conduct of participant observation.



As a "role", in field observations, researcher roles range on a continuum from "complete participant" to "complete observer". Gold (1958, p. 223) argues that each of these roles have advantages and disadvantages in relation to the "demands of role and self as well as the level of information". There is a danger of "going native" (Gold, 1958, p. 221) or "becoming the phenomenon" (Jorgensen, 1989, p. 62), and experiencing the world from the viewpoint of a complete insider. A preferred concept, of a "marginal native" (Hammersley and Atkinson, 2007, p. 89; Gerrish, 1997), is sought, whereby a degree of marginality is established which preserves the perspectives of the participants. Ethnographers may adopt differing roles but the aim is to maintain a "marginal position", providing access to participant perspectives but at the same time minimising the danger of over-rapport. An example of the effect of researcher roles in this study can be seen in a diary entry Appendix 3.

As a "method for gathering data", Pearsall (1965, p. 39) proposed that participant observation should allow a detailed description to be taken that "preserves as much of the total context of behaviour as possible". In this study, detailed, descriptive field notes were made, enabling a write up of a record of fieldwork immediately after the fieldwork experience (Spradley, 1979, p. 75; Emerson, Fretz and Shaw, 2001). This would preserve the fieldwork experience and maximise recall of information from notes. These field notes consisted of observations of events, people, places, documents, notes from informal interviews as well as personal experiences and reactions of the researcher. The detailed field note record then became one "version of a world", filtering the reality of events (Emerson, Fretz and Shaw, 2001, p. 358). During the process of writing up field notes, initial interpretations and analyses were formed and the search for understanding and meanings. Lofland and Lofland (1995, p. 94) state that these "analytic ideas and inferences" should be documented in field notes.

During observations in the field, the use of the nurse link tutors language and dialogue were considered to help identify patterns. Observations were made of different language used in interactions and any common language or phrases used by the nurse link tutors. As an interpretivist researcher, I was interested in the meaning of these differences to help understand and gain knowledge of the world of the link tutor. More detailed types of observation were made from descriptive to focused (Spradley, 1980); in particular of the language used by the nurse link tutors

(Roper and Shapira, 2000, p. 71; Keatings, 2001, p. 290). According to Atkinson et al., (2001) Hymes' (1972) SPEAKING model can be used to note language and speech used in fieldwork, this was therefore applied when: the nurse link tutors spoke to students and others, who initiated and led the conversation, what were the responses, were any moods evident, was humour used in any way, and what appeared to be the norms of the group.

At times it was difficult to capture patterns of language as an ethnographer who was familiar with the culture; this made it important to listen and observe intently. Unfamiliarity, according to Spradley (1979, p. 50) would have prevented the researcher from taking things for granted and caused sensitivity to "commonplace" things that are part of the participant's cultural knowledge. In order to overcome this I used skills of active listening, which involved being attentive to others and responsive during fieldwork, this ensured that the researcher "talked little, listened a lot" (Wolcott, 1994, p. 348). Active listening skills are vital as a registered nurse and teacher, involving attending to what is being said and how it is being said, this helps build rapport and understanding. These skills were developed in observation by listening without allowing judgement or preconceptions act as a barrier, and using verbal and non-verbal prompts, such as smiling and nodding.

Observations based on Spradley's (1980, p.78) nine dimensions of social situations proved useful as a guide for focusing observations in fieldwork. The major features of, "space", "actor" and "activity", provided a starting point and guide. As observations progressed all nine dimensions were considered as shown in Figure 5.

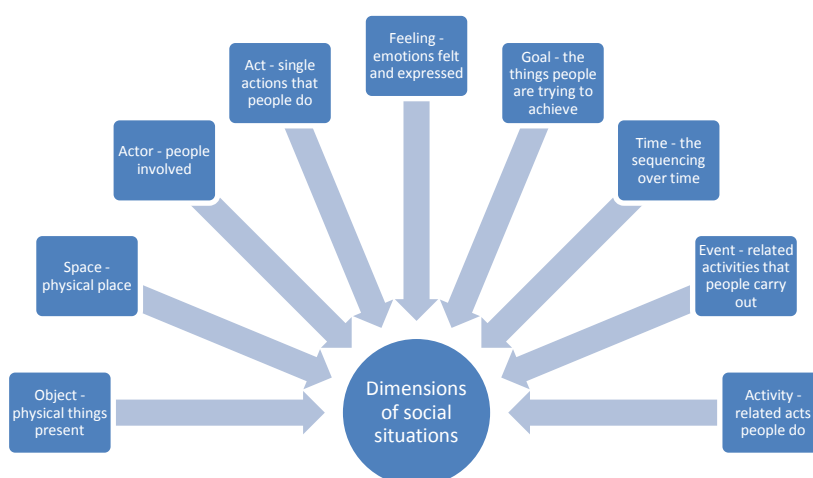


Figure 5: Nine dimensions of social situations used as a guide for field work observations (Spradley, 1980)

As observations progressed, more "focused observations" and "structural questions" (Spradley, 1980) were developed, eliciting detail about the role of the nurse link tutor for follow up at a later observation and informal interview. For an example of these questions see Figure 6.

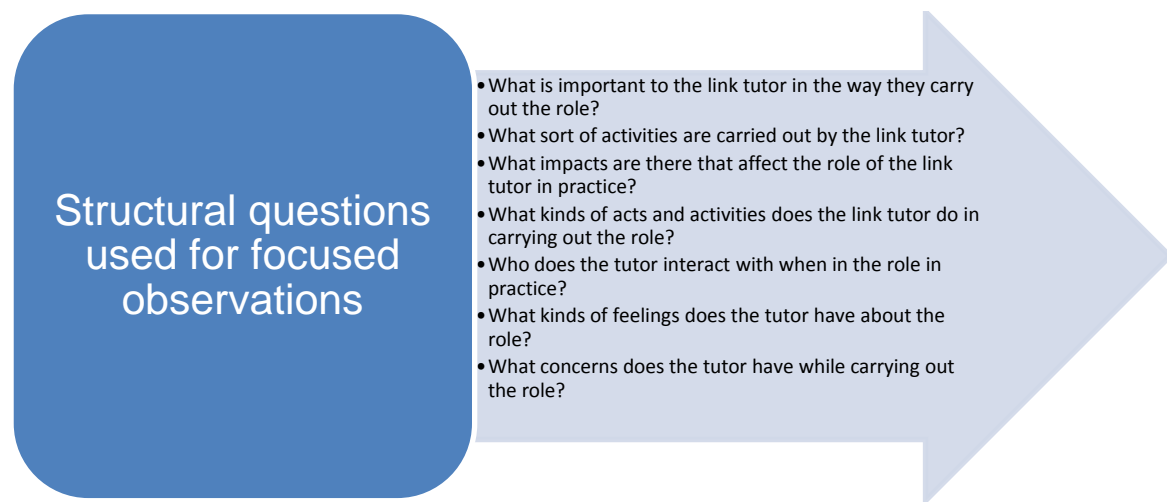


Figure 6: Examples of "structural questions" (Spradley, 1980) used as part of focused observation fieldwork

The final aspect of participant observation relates to conduct. The researcher was guided by the participants as to which activities and situations could be observed. Activities and situations were selected in relation to what the nurse link tutors wanted to be seen of their role. This supports concepts of "Front stage and Back stage" expectations from Leininger (1985, p. 49), with the goal being to move from "Front stage" to the "Back stage" to identify "true realities and behaviours". It was the front stage that they agreed to be observed, while back stage activities, such as the report writing and following up of students at the end of their working day, involved more discovery during informal interviews, this helped to identify the everyday life of the nurse link tutor.

The researcher role changed from "complete observer" to "participant as observer", dependent on the situation. In some situations more observation and notes were taken, while in others it was appropriate to contribute. In some situations the observations had gaps and flaws, leaving unanswered questions and requiring further exploration. On all occasions the participant observations involved the taking of detailed field notes which were written up soon after the event to preserve the recollection of details and observations, and to continue ongoing analysis.

According to Jorgensen (1989, p. 88), "informal interviews are like casual conversations" and involve questioning "insiders" about particular areas of interest. Informal interviews were used during field work with nurse link tutors, gaining detailed information of interest. Participants were asked about the same set of issues, identifying different viewpoints or areas of similarity. As the interviews were informal, there was no set script and they were guided by previous observations.

Skills of active listening were needed to allow the nurse link tutors time to express their views, concerns and perspectives. This data collection strategy worked well as rich data was elicited from listening to participants who were willing to discuss their role and the perceptions they held. Informal interviews took place over coffee or lunch when the nurse link tutor was more relaxed and more information could be gained by probing or clarifying issues. Examples of questions used were: can you tell me more about your role during student action planning? What did you think about the situation with student x? Why did you complete the tutorial record? Leininger (1985, p. 55) reminds the researcher of the problem of "contextual stripping" and of the need to pose "contextually framed questions", helping to preserve the meaning in context and the participant's "world view" and "areas of familiar inquiry". (See Appendix 20 interview guide).

The disadvantages of this data collection method were: lack of time to clarify and elaborate questions with the nurse link tutors, difficulty trying to capture and record everything, and reliance on memory after the event. There was a danger that the link tutor would feel as if they were being interrogated so creating a relaxed and informal environment was important. As a previous "insider" (Green and Thorogood, 2018, p. 177) nurse link tutor, the researcher felt empathy towards their issues and problems and they in turn were willing to share their perspectives, appearing to enjoy having the opportunity to discuss their role. Forsey (2010, p. 561) argued that engaged or participant listening is important in an ethnographic study and "is at least as significant as observation". Sometimes the significance of this is lost where participant observation is assumed to have a higher status. Allowing engaged listening to "sit alongside participant observation" is an important way of revealing "ethnographic knowledge" and a valuable "tool in the ethnographic tool box" (Forsey, 2010, p. 567).

Documentary evidence was examined during participant observations and where possible documents were retained that did not breach data protection or confidentiality guidelines according to the Data Protection Act 1998 (Department of Health, 2003). Hammersley and Atkinson (2007, p. 122) propose documents provide information about settings, wider contexts, key figures or organisations and can be used to confirm or challenge information from informants or from observation. The choice and consideration of documents, guided by fieldwork and informal interviews, allowed a critical examination of the documents used by the nurse link tutor. This was considered important as documents provide "contextual referents" (Leininger, 1985, p. 55), helping to understand the participant's "worldview".

Hammersley and Atkinson (2007, p. 130-131) explore the reasons why it is important to study documentary data and the importance of records in social settings, remarking that, "classes of data have their problems, and all are produced socially". Walsh (1998) draws attention to the need to understand the "social production" of documents and the reasons for their production. They also may be a source of "sensitising concepts" (Blumer, 1969, p. 147, 148) and suggest "directions along which to look" as well as "fore-shadowed problems" (Hammersley and Atkinson, 2007, p. 124), informing the ethnographer more about the culture.

The following documents were collected and analysed: (1) those produced by the nurse link tutors in the course of their practice role activities e.g. tutorial records and action plans, (2) documents produced by the university as a resource, and (3) guidance documents specifically for link tutors, all documents are reported in Table 4. All of the documents were considered for their purposes, how were they written, what was recorded and their intended outcomes (Hammersley and Atkinson, 2007, p. 132). Jorgensen (1989, p. 91) proposes that these sources of data can "enrich findings" from participant observation.

Type of Document	Example
Practice Role Activity	Student Action Plans
	Reports to Personal Teachers
	Tutorial Records
University Clinical Practice Resource	Student Flow Through Diagrams

Documents	
	Student Clinical Practice Assessment Book
University Clinical Practice Guidance Documents	Role and Responsibilities of the Link Tutor
	Escalating Concerns Procedure

Table 4: Documents collected and examined as used by the nurse link tutor.

### Phase two- focus group

The second phase involved an exploratory focus group, organised to explore and confirm findings from phase one with the nurse link tutor participants. The focus group was used as a confirmatory tool (Stewart and Shamdasani, 2015, p. 42), in order to lead to discovery and exploration of further insight into aspects of the role. The focus group involved a two hour, audio taped and then transcribed verbatim, semi-structured group interview with three nurse link tutors. Vignettes of "a day in the life of a nurse link tutor", had been developed following field work experiences in phase one, these are shown in Table 5, in addition mind maps (see Appendix 21) were developed from insights into the role, gained through field work observations and ongoing domain analysis processes (Spradley, 1979).

<b>Vignette 1</b>
Sally had planned a full morning seeing students and mentors, each visit was timed and a lot of preparation had gone into ensuring staff and students were available and had been consulted. On the way onto the first ward visit, Sally had met with students and mentors she had previously taught, exchanging conversations about family and work. Finally she was shown into the staff room where a mentor updated her about her concerns that the third year "sign off" student she was seeing was not progressing and lacked confidence. Sally had decided that an action plan would need to be written for the student while the mentor was present but this was going to be a difficult visit as she was aware the student had a number of personal problems and was unwell. After initial introductions and review of the placement Sally asked the student "did she believe she was a safe nurse and was she well enough to be on placement"? The student started to cry...
<b>Vignette 2</b>
Jenny had been an academic in practice for many years but highly valued working as part of a "practice team". She frequently met with the team over coffee and sometimes breakfast to discuss "problem students" before going onto the wards to see students and mentors. She

remembered the days when she was a mentor, especially the busy morning on the wards or out seeing patients at home and would not have wanted to be disturbed. It was important to Jenny to develop that trust and respect between the mentor and the academic link tutor as it can take years to develop and she saw this as an essential part of her role.

### **Vignette 3**

Brian took some time out to reflect on another busy day in practice. He knew that his day was not complete until he had written his reports and communicated concerns about students to personal teachers. He wished there were more members in the team to carry out the role; he had to struggle to fit everything into the day as he knew that he was in class and launching his module tomorrow, he would be very distracted. Very often the academics back at university did not respond to his emails and some days when he was back at university the practice mobile had not stopped ringing. Despite these challenges he loved the role.

Table 5: Vignettes depicting experiences from "a day in the life of a nurse link tutor".

Leininger (1985, p. 245) advocates the technique of listening to and recording a typical day using participants language and life-ways to gain insight into their experiences. The strategy to use a variety of questions and vignettes in the focus group had the potential to promote discussion and enrich the data collected (Colucci, 2007, p. 1431; Wilks, 2004). As vignettes were used in conjunction with other research tools and techniques in the focus group and not the sole research instrument they were considered a valuable way to engage participants, and to confirm if the reality of the findings from the participant observation field work, met with the reality of the lives of the nurse link tutors from their perceptions and understanding in the focus group.

A focus group has been described as, a "group depth interview" (Stewart and Shamdasani, 2015, p. 1), centred on a specific topic. A facilitator acts to guide the process of the interview and occasionally a moderator may be present. Qualitative data is generated by using interactions between participants (Simm, 1998, p. 346). If group dynamics work well it can encourage interactions which allow participants to share common experiences and challenge views (Kitzinger, 1994, p. 107; Kidd and Parshall, 2000). Three elements of the design of a focus group that can affect group interactions were considered in the focus group: group composition, interpersonal influences and research environment factors (Stewart and Shamdasani, 2015, p. 10). Focus groups are affected by the social contexts within which they occur (Hollander, 2004, p. 606, 632) therefore, "understanding and

analysing the multiple, complex interactional forces" that influence participants will result in a more accurate picture. Despite this, there are advantages, such as economy of time (Simm, 1998, p. 346) but also limitations and dangers that should be considered, such as bias from very dominant or reserved group members and the effect of the presence of a moderator who may bias results by providing cues (Stewart and Shamdasani, 2015, p. 45, 48).

A focus group was used in this study, to explore and confirm emic data. This allowed participants to respond to questions using their own categories and perceived associations, to identify individual and collective views (Stewart and Shamdasani, 2015, p. 43). The focus group was used as part of the process of ensuring "trustworthiness" (Lincoln and Guba, 1985, p. 290). Participants were provided with information in advance (Appendix 22) and a plan (Appendix 23) after written consent had been obtained. The focus group worked well with participants who were interested in the study and how it may have contributed to shaping their role. Each participant shared their views and responded well to questions (Appendix 24 question guide), vignettes and mind map information. The nurse link tutors considered findings from phase and were surprised about the extent of their role, depicted in the mind maps. Three phases in the focus group were panned as shown in figure 7 below.

<b>Preparation Phase</b>
<ul style="list-style-type: none"> <li>The first phase concerned the selection and preparation of participants. Refreshments were arranged in preparation to help create a welcoming environment and gave the participants something to focus on as they talked and reflected on questions. A round table to sit would allow greater interaction and prior arrangements to set up recording of the session with a digital dictation machine were all important considerations.</li> </ul>
<ul style="list-style-type: none"> <li>Three link tutors were invited from phase one of the study and provided with information in advance about the purpose and proposed format of the focus group. In addition, mind maps and vignettes were prepared. The mind maps were developed during the end of phase one of the study to show the link tutors during the focus group. Participants were given ten questions to think about their role and asked to bring something with them that represented their role that they could discuss within the session, for example: a picture, poem or something significant.</li> </ul>
<b>Implementation Phase</b>
<ul style="list-style-type: none"> <li>My role was as a facilitator, a moderator was not used as an additional person may have prevented the participants from being open and sharing their views and experiences. Initial discussion started with the findings from phase one which was met with agreement and interest, in particular the mind maps generated discussion about the extent and diversity of the role and encouraged the participants to reveal</li> </ul>



aspects of their role, that they had not discussed before with each other. Participants had the opportunity to reflect on their role using the mind maps, vignettes and questions, expressing feelings, emotions and concerns. As a facilitator my role was to ensure that everyone had opportunity to talk and to keep the group focused within the timeframe.
<b>Analysis and Interpretation Phase</b>
<ul style="list-style-type: none"> <li>Immediately following the focus group the digitally recorded data was documented verbatim and a transcript created. Carey (1994, p. 234) suggests that the analysis process involves the need to be mindful of the interactional nature of the group involving "changes and discrepancies" in participant contributions as well as nonverbal data. Group interaction was an important consideration and Rothwell's (2010, p.177) interaction categories acted as a guide to understand how group interactions and the context of the group may have influenced the generation of data.</li> </ul>

Figure 7: The three phases in the focus group (applied from Carey, 1994).

### Data management

Huberman and Miles (1994, p. 428) define data management as "the operations needed for a systematic, coherent process of data collection, storage, and retrieval". This is important in a study in order to demonstrate "high quality, accessible data", documentation of the process of analysis and the retention of documents on completion of the study. The process of data management is the first loop in the data analysis spiral (Creswell, 1998, p. 143). Data is organised and stored in a format ready for analysis but it is imperative that the steps taken in gathering data ready for analysis and beyond into interpretations and recommendations, are documented.

A note book was used during each participant observation session to record observations, informal interview data and memo's (Creswell, 1998). Notes were made while in the field, and then written up as soon as possible. This enabled the capture of as much detail as possible about each contact and to reduce as far as possible "contextual stripping" and "preservation of meaning" (Leininger, 1985, p. 56). In addition these notes contained details of the research site and persons involved. Unique locators were used and dated so that data could be organised for storage and retrieval (Miles and Hubermann, 1994).

Confidentiality of participant's identity (Creswell, 1998, p. 134) was maintained by removal of all identifiable data. A record was made of each episode of fieldwork and the computer word-processed write ups, ensured the documentation of an audit trail of decisions made and insights gained (Morse and Field, 1996, p. 119). These accounts were word processed by the researcher and saved to a computer file on a

password protected personal computer. Retrieval of information back-up copies were made and saved to a memory stick and "drop box". A Contact Summary Sheet log was made (Miles and Huberman, 1994, p. 51) of each field contact as a data organising devise, recording a summary of the fieldwork and posing questions for the next contact. The focus group was transcribed verbatim by the researcher following the event. A record of part of the focus group transcription can be seen in Appendix 25. Group non-verbal interactions were recorded after the focus group and personal reflections to assist ongoing analysis. A Digital Voice Recording was kept on a password protected personal computer and "drop box" of the focus group as well as all other data relating to the writing up process of the study.

## Data analysis

The foundations for data analysis rest on the philosophical, methodological and theoretical perspectives adopted by the researcher (Bazeley, 2013). I therefore discuss this to explain how the data analysis was developed and how I ensured that the data analysis was robust and focused on the research questions and goals. In order to achieve this, it was necessary to build a design for analysis that took account of these perspectives and approaches. My aim was to gather data that would allow understanding of the role and perspectives of the nurse link tutor. This involved a "recursive process" (Bazeley, 2013, p. 13), moving through a number of interactive stages. I used Creswell's (1998, p. 143) "data analysis spiral" which consisted of moving through loops from reading and memoing, to describing, classifying, interpreting, and then representing. This recursive process was evident in the data analysis process used in this study and has been illustrated below in the framework showing the full data analysis from both the phase one field work and phase two focus group (see Table 6). In addition it shows the cumulative ethnographic records that were gathered throughout the analysis phases, as well as the data analysis process followed, and the outcomes of the ethnographic analysis in both study phases.

Analysis phases	Cumulative ethnographic records	The data analysis process	Outcomes of ethnographic analysis
"Descriptive" fieldwork (Phase One)	Word-processed field-notes Contact summary sheet records Organizational	Reading/re-reading field-notes - a process of data immersion.	Labelled word-processed field-notes  Memorandum

	documents and literature  Artefacts (Hammersley and Atkinson, 2007) - material goods and objects	Generating descriptive concepts (Hammersley and Atkinson, 2007) /Sensitizing concepts (Blumer, 1969).  First-level coding (Roper and Shapira, 2000).  Analysing key events (Fetterman, 2010).  Looking for domain categories - domain search (Spradley, 1979).  Summaries of descriptive/sensitizing concepts and domains	Index of descriptive concepts
<b>No fieldwork</b> (Time out)	Labelled word-processed field-notes  Memorandum  Index of descriptive concepts	Domain analysis (Spradley, 1979) - looking for semantic relationships - relational concepts.  Comparing information sources/triangulation (Fetterman, 2010).  Completing worksheets for each hypothesized domain (Spradley, 1979).	Formation of structural questions for each domain for next fieldwork.  Completed worksheets for each hypothesized domain.
<b>"Selective" fieldwork</b> (Phase One)	Structural questions and worksheets for each domain  Word processed field notes  Contact summary sheet records	Reviewing new field notes - reading and re-reading.  Continuing systematic domain analysis (Spradley, 1979.)  Triangulation of information sources	Labelled additional word-processed field-notes.  Further Memorandum  Completed analysis of nine domains (Spradley, 1979) Mind maps created showing relationships among concepts  Tentative themes emerging.
<b>No fieldwork</b> (Time Out)	Labelled word-processed field-notes.  Completed analysis	Further in-depth analysis of three selected large domains - taxonomic analysis (Spradley,	Mind maps (taxonomy of 3 domains) following taxonomic analysis.  Draft descriptions of

	<p>of nine domains (Spradley, 1979) and mind maps.</p> <p>Tentative themes.</p> <p>Memorandum.</p>	<p>1979).</p> <p>Conceptual mind mapping of each large domain to show relationships and theme development.</p> <p>Leininger (1985) Step 4 and 5 analysis - theme and subtheme formulations.</p> <p>Preparing for phase two.</p> <p>Developing vignettes</p>	<p>themes end of phase one.</p> <p>Thematic conceptual matrix (Theme One) (Miles and Huberman, 1994).</p> <p>3 completed vignettes.</p> <p>Tentative theory of the role of the nurse link tutor.</p>
<p><b>"Focused" fieldwork</b> (Phase Two) Focus Group</p>	<p>Mind maps of 3 domains following taxonomic analysis - phase one.</p> <p>3 completed vignettes</p> <p>Draft descriptions of themes end of phase one.</p> <p>Thematic conceptual matrices (phase one).</p> <p>Tentative theory of the role of the nurse link tutor phase one.</p> <p>Transcribed Focus Group.</p>	<p>Whole text analysis of phase two focus group following Leininger's (1985) Thematic and Pattern Analysis - five step process of the transcribed focus group.</p> <p>Identification of meaning relating to themes and labelling of the transcript.</p> <p>Formulate theme or pattern statements according to Step five - Leininger (1985).</p>	<p>Analysed Focus Group</p> <p>Conceptual maps related to the transcribed/analysed Focus group</p> <p>Theme statements</p>
<p><b>Post fieldwork</b> <b>a) Tidying up/retrieval of information</b></p>	<p>Analysed Focus group</p> <p>Conceptual maps related to the transcribed/analysed Focus group</p>		
<p><b>b) Interpreting the cultural group</b></p>	<p>All ethnographic records</p>	<p>Constructing a cultural inventory (Spradley, 1979).</p> <p>Interpretation of the culture sharing group (Creswell, 1998).</p>	

Table 6: Overview of the data analysis process both study phases.

### How the data analysis was developed

As the philosophical and methodological perspective adopted in this study involved identifying the cultural knowledge and meaning systems, as identified by the nurse link tutors, I needed a method of data analysis that would help to discover this tacit and explicit cultural knowledge and how it was organised. In addition to explicit aspects of culture, implicit or hidden understanding was important (Leininger, 1985). Ethnographic analysis as advocated by Spradley (1979) involves constant feedback and movement between analysis phases, as evident in the data analysis process adopted in this study. I followed the ethnographic research sequence as advocated by Spradley (1979, p. 93), of which ethnographic data analysis is part of the sequence. This involved:

- Selecting a problem - identify the cultural meanings that the nurse link tutors use to "organise their behaviours and interpret their experience".
- Collect cultural data - ask descriptive questions, make general observations and record these in field notes.
- Analyse cultural data - analysis begins shortly after data is collected by reviewing field notes to search for symbols, referred to by Spradley (1979, p. 93) as "cultural symbols". These are found within the native terms or "folk terms" used by the nurse link tutors. Symbols arise from and shape social interaction, they also create social realities (Milliken and Schreiber, 2012), these cultural symbols were found to be within the words and phrases used by the nurse link tutors in interaction to describe their role and required examination to identify the relationships among these symbols.
- Formulating ethnographic hypotheses - this involves testing relationships from data collected by applying ethnographic analysis in the form of:
  - Domain analysis - "domains" are the larger units of cultural knowledge (Spradley, 1979, p. 94). These are shown further in Table 7.
  - Taxonomic analysis - a more in-depth analysis of the domains which involves searching for the internal structure of each domain so that subsets can be found and the relationships amongst them identified.
  - Componential analysis - searching for the attributes among cultural symbols (in language) in each domain, so that differences can be found, hence looking for cultural meanings, and

- Theme analysis - searching for the relationships among domains and how they are linked to the culture as a whole. Spradley (1979, p. 186) defines a "cultural theme" as "any cognitive principle, tacit or explicit, recurrent... and serving as a relationship among subsystems of cultural meaning".
- This ethnographic analysis process was repeated again a number of times through the phases of: data collection, analysis and formulating new hypotheses.
- Writing the ethnography - this involved writing a cultural description of the nurse link tutor role. The process of data gathering and analysis may need to be repeated again.

In summary ethnographic analysis involved:

- A search for the parts of the culture (looking for cultural symbols or folk terms within the data from field work).
- The relationship among those parts of the culture (domain, taxonomic and componential analysis), and
- The relationship of the parts to the whole (theme analysis).

<b>Spradley (1979) nine domains with "Semantic Relationships" linking domains</b>	<b>Domain terms from Spradley (1979) applied to the role of the nurse link tutor</b>
Domain 1. Means-end X is a way to do Y	Something that is seen to have a purpose and significance in relation to the way the nurse link tutor performs their role
Domain 2. Strict Inclusion X is a kind of Y	What is contained and involved in the role of the nurse link tutor that has a kind of embodiment of the role
Domain 3. Rationale X is a reason for doing Y	A logical and reasoned explanation for the way the nurse link tutor carries out the role
Domain 4. Sequence X is a step (stage) in Y	Demonstrating a course of action or a series of stages involved in the role of the nurse link tutor
Domain 5. Spatial X is a part of Y	Something that is seen to be part of the requirements of the performance of the role of the nurse link tutor
Domain 6. Location for action X is a place for doing Y	A physical place or point in which the nurse link tutor is engaged in activity that is relevant to the role

Domain 7. Cause-effect X is a result of Y, X is a cause of Y	Something that brings about or results in an effect on the role of the nurse link tutor or the way the role is carried out
Domain 8. Function X is used for Y	Serving a purpose and part of the activities and responsibilities involved in the role of the nurse link tutor
Domain 9. Attribution X is a characteristic of Y	Something that could be seen by the nurse link tutor as a feature or aspect that they apply to the role

Table 7: Nine domains from Spradley (1979) with "semantic relationships" showing application to the nurse link tutor role and domain analysis

#### Phase one data analysis with data extracts

Phase one data analysis followed the identified analysis phases (descriptive and selective) within the ethnographic research sequence (Spradley, 1979). This has been previously depicted in Table 6 which showed an overview of the entire data analysis process. The analysis phases (within the ethnographic research sequence) are now explained in more detail by showing how I developed the analysis process in this study and I further this explanation by the use of data extracts to illustrate this process.

The first data analysis phase involved analysing data taken from "descriptive" fieldwork (Spradley, 1979) to search for "cultural symbols"; these were used to refer to something of meaning by the nurse link tutors. The term "support" was identified during field work in phase one of this study as one of the "cultural symbols" (Spradley, 1979) for the way the nurse link tutor described their role through the language they used during observations and interviews. It was identified during data analysis that it was part of a wider system or concept of the role activities that the nurse link tutor undertook in the course of performing their role. Key events and activities that the nurse link tutor had been involved were analysed (Fetterman, 2010) to investigate how the concept of support featured in each of these role activities and what support meant to the nurse link tutor in an understanding of their role. This was important as it has been proposed that events can become a "metaphor for a way of life or specific social value" (Fetterman, 2010, p. 99).

Through field work observation in the "descriptive" and "selective" analysis phases (Spradley, 1980), involving participation in activities and events, asking questions and analysis of events that the nurse link tutor was involved, I was able to identify and understand the knowledge, values, interactions and behaviours used and held

by the nurse link tutor and hence the relationship to other "cultural symbols". This involved becoming "sensitized" to the data gathered and hence discovering the meanings within the data (Spradley, 1979). This was evident in the use of the language used by the nurse link tutor relating to the concept of support as captured during a fieldwork experience:

*...I was keen to know from the nurse link tutor if there was a difference between the group sessions held in practice from those in university? The tutor replied "yes, this is support", the tutor said quite strongly, "if we give them [students] something very structured I doubt if we would tease out their concerns".*

The cultural symbol of "support" was found to relate to many role activities and their differing functions by inclusion and became known as a "cultural category" (Spradley, 1979, p. 98). Different "folk terms" used by the nurse link tutor in the language they used to describe their role activities relating to support were identified from my field notes as part of this "cultural category". Within this category, now named "supportive role activities", and referred to as a domain, I found that there were different types of supportive activities and for many different purposes and functions, hence this signified a "semantic relationship" (Spradley, 1979, p. 100) that linked the supportive role activity domain and these relationships needed to be identified:

*...The workload of the day had been created by the nurse link tutor wanting to see particular students in practice and follow them through...standard practice were the support, evaluation and induction sessions, with the tutor...spending a lot more time in practice than practice hours to achieve".*

The next stage involved searching for domains (large categories of cultural knowledge) by reviewing field notes, looking for "folk terms". This was performed after the descriptive fieldwork phase was completed and involved a domain analysis. Initial ideas generated would require testing by asking questions of the nurse link tutors in further field work in the "selective" fieldwork phase.

As part of the domain analysis it was possible to identify the relationships (referred to as "semantic relationships") within the domain (see Table7) by noting, according to Spradley (1979) that there were many: "ways to" carry out supportive role activities,



such as the nurse link tutor providing advice to a mentor about documentation, as well as "kinds of" supportive role activities, such as the nurse link tutor providing support to a student on a "sign off" placement about the importance of and how to make autonomous decisions in practice. Lastly, "reasons for" supportive role activities, such as the nurse link tutor visiting a "sign off" mentor in practice as the mentor had concerns about a student's sickness and attendance record. These were identified and documented (see Appendix 26) and then further "selective" field work carried out to establish and test if initial hypotheses were accurate.

A final in-depth analysis of the "supportive role activities" domain and other identified large domains that related to the role of the nurse link tutor was subsequently carried out. This is referred to as making a taxonomic analysis (Spradley, 1979) and was part of the "selective" field work and time-out period of the data analysis process. This part of the data analysis process identified the "internal" structure of the large domains that had been selected, ready for the second phase of fieldwork involving "focused" fieldwork (depicted in Table 6), in this study this related to the focus group with the nurse link tutor participants.

In the taxonomic analysis process subsets of the supportive role activities were identified and the relationships among these subsets was highlighted (Spradley, 1979). For example, the taxonomy, "ways to" - carry out supportive role activities, was found from fieldwork to have six different elements to these activities - interacting, facilitating, relating, allocating, preparing and reacting, in addition there were differing "reasons to" - carry out supportive role activities, identified as the functions of these activities. All of the activities represented a meaning to the nurse link tutors by way of either a relationship, or a use, referred to by Spradley (1979, p. 156) as a "relational theory of meaning".

A continued search for meaning as advocated by Spradley (1979) involving a componential analysis, was not included in the data analysis process, instead Leininger's theme and pattern analyses (Leininger, 1985) step four and five was applied to the data that had been analysed to this point using Spradley's (1979) data analysis process. This was the final stage in phase one in the search for themes to provide an insight into the cultural world of the nurse link tutor. An example of this process can be seen in the thematic conceptual matrix (Miles and Huberman, 1994,

p. 91) depicted in Table 8, which shows the types of supportive role activities of the nurse link tutor, as well as the purpose of the activity and then the sub-themes according to the type of support and purpose. This became theme one - managing the day to day role of the nurse link tutor.

Prior to the second phase focus group involving "focused" fieldwork, cumulative ethnographic records were organised involving further questions for phase two (generated from data analysis), mind maps of three domains following taxonomic analysis and three completed vignettes had been formulated following analysis of the first phase fieldwork. These were used with the nurse link tutors in order to verify the emerging insights from data analysis.

### Theme development phase one

Spradley (1979, p. 186) proposed that every culture consists of a "system of meaning" that is integrated into a "larger pattern". Themes, Spradley (1979, p. 186) refers to as "cultural themes", are parts of the "cognitive map which make up a culture". Organising and visually presenting data in the form of a thematic conceptual framework (Miles and Huberman, 1994, p. 91) helped to identify linkages and relationships between ideas and generate further in-depth insight into the supportive role of the link tutor. Table 8 depicts a thematic conceptual matrix which demonstrates this insight and further illustrates theme one-managing the day to day role of the nurse link tutor.

Sub-Themes (part of theme one)	Nurse Link Tutor Role Activities	Purpose of the Activity
Facilitating student and mentor support	<p>Students attend support and evaluation sessions in the trust</p> <p>Preparation sessions for students held in the university</p> <p>Mentor support activities</p> <p>Action Planning students - often conducted with Practice Facilitator (PF)/Practice Placement Manager (PPM)</p> <p>Meetings with students and mentors on placement</p>	<p>Identify and support struggling students</p> <p>Prepare students for placements</p> <p>Represent students and mentors views</p> <p>Support student and mentor during action planning</p> <p>Offering advice and guidance in relation to students</p> <p>Enable mentor to fulfil role</p>

<b>Sub-Themes (part of theme one)</b>	<b>Nurse Link Tutor Role Activities</b>	<b>Purpose of the Activity</b>
	Mentor update sessions	Ensure students are supported and monitor quality of practice placements  Support and update mentors concerning their role
Reacting to clinical practice concerns from students and mentors	Tutor deals with phone calls/emails regarding concerns raised  Tutor meets with student on placement  Tutor meets with the practice team to discuss the student.  Tutor meets with the student after support session.  Tutor meets with mentors & ward managers about concerns	Identify students for action planning, supervision.  Identify and rectify unsafe practice.  Identify unsuitable placements.  Identify students lacking confidence, knowledge, skills or personal problems
Interacting and relating with others	Face to face, telephone, online/ email, use of WOLF:- Principal Lecturer, Subject Heads, Practice Facilitator/PPM, personal tutors, ward managers, mentors, students, Practice Team, Practice Learning Unit, Associate Dean, Student Reps, Trust Managers  Tutors relate to students and mentors by showing support and empathy  Tutor relates to own professional experiences and knowledge  Tutor relates to professional standards and codes of conduct	Discussion about a student, advice and support, referring a student, reassurance about managing a student, meetings to discuss a student concern  Keeping tutors updated about personal students  Providing support and encouragement  Reduction of theory-practice gap  Up holding and instilling professional standards and codes of conduct
Allocating and preparing students and mentor activities	Student preparation sessions are held by the academic in university - sometimes attended by trust staff  Provide information for students - assessment process and provide practice	Prepare students for practice placements  Provide and explain PAD document  Prepare new students for

Sub-Themes (part of theme one)	Nurse Link Tutor Role Activities	Purpose of the Activity
	<p>pad documents</p> <p>Students allocated practice placements for each year</p>	<p>practice</p> <p>Discuss professional standards, dress code, health and safety requirements</p> <p>Tutor verifies placement suitability for each student</p>

Table 8: Thematic conceptual matrix (Theme one phase one) - Managing the day to day role of the nurse link tutor

An overview of themes and sub-themes in phase one is presented in Figure 8 below.

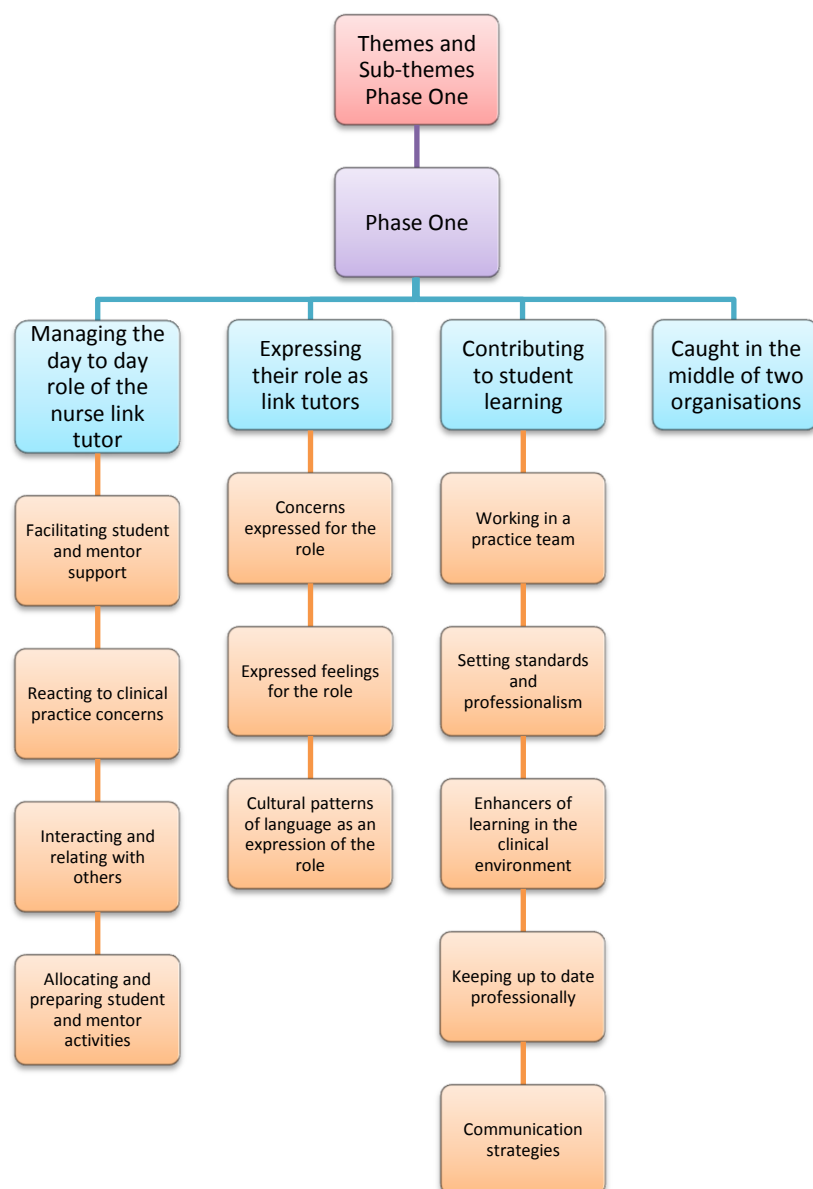


Figure 8: Themes and sub-themes - phase one

### Phase two data analysis with data extracts

Data analysis of the study second phase focus group, involved application of Leininger's theme and pattern analyses (Leininger, 1985) involving six sequential steps. These steps will now be discussed with data extracts used to illustrate data analysis from phase two.

The first step involved reading and reviewing the transcribed focus group to identify and list all descriptive concepts and assign these with a "code" (Lofland and Lofland, 1995, p. 186, 192). Appendix 27 and 28 shows part of the assigned codes. In total forty eight codes were identified and documented prior to the next stage of data analysis.

Several concepts were identified of how the nurse link tutor described their role and their meanings. These concepts were grouped together into patterns (step two) noted as positive meanings the nurse link tutors had used to describe their roles and negative meanings they suggested were associated with their role. These were coded on the transcript with the positive meaning codes associated with how they described the need to work flexibly in the role as well as being responsive to the emotional needs of students and their knowledge base. This is illustrated from focus group data:

*...Each student is usually different...everything we do is different and we respond to that in the way that we need to'... (Yvette, page 9).*

Negative meanings were associated in their description of needing more support in the role when they had to deal with emotive situations involving students, feeling under-pressure to make decisions and needing more support in their role:

*...You have got to act there and then, on your feet, in the throes of it, on your own. If you had issues academically... you would go and speak to someone... more than one head to throw it around with, but out there you have to deal with it now and you have to come across as proficient, efficient, competent and confident'...(Dawn, page 16-17).*

The third step (Leininger, 1985) involved identifying micro-patterns and how they related to patterns. This involved assigning several sub-categories based on the codes identified and their meanings. For example from focus group data one of

these related to the nurse link tutors holding both positive and negative perceptions and concept of their role. When they viewed the role positively they described having a "passion for the role" and the negative aspects of the role were expressed as the "stress and strain" they felt, difficulties of the role and need for more support:

*...We have talked about this passion we have, not everyone has that passion and not every academic [academic nurse tutor - without a practice role] wants to be linking to practice'... (Yvette, page 28).*

*...All this [participant refers to the mind mapped activity they had been shown] you are trying to do and if you have got that battle with the trusts...sometimes that is hard and you can see why because you are trying to do all this' [participant points to mind maps showing the mapping of the role from phase one]... (Yvette, page 10).*

Step four and five (Leininger, 1985) involved a synthesis of several patterns to build sub-categories (Appendix 29) and finally themes. The category relating to the nurse link tutors perceptions of their role involved two aspects: a passion for practice and an emotional involvement in the role, these became sub-themes and finally the main overarching cultural theme as: hidden aspects of the role (Appendix 30). The cultural theme was expressed as "hidden" as these aspects of the role were not so visible, implicit (Leininger, 1985) and hidden from view.

A diagram (Lofland and Lofland, 1995, p. 198) was created during analysis which helped to examine relationships from emerging concepts. This diagram took the form of a concept chart which helped to visually organise the emerging subcategories into a display; this allowed the subcategories to be scrutinised, ordered and displayed. The diagram was a product of phase two data analysis (Lofland and Lofland, 1995, p. 197) and served to display thematically aspects of important elements of the role of the nurse link tutor. The initial model created during this process was further refined during category development and theme identification and led to the creation of a conceptual model. The model shows the identified subcategories as concepts of factors that were found to all inter-relate in relation to the nurse link tutor role (Figure 9).

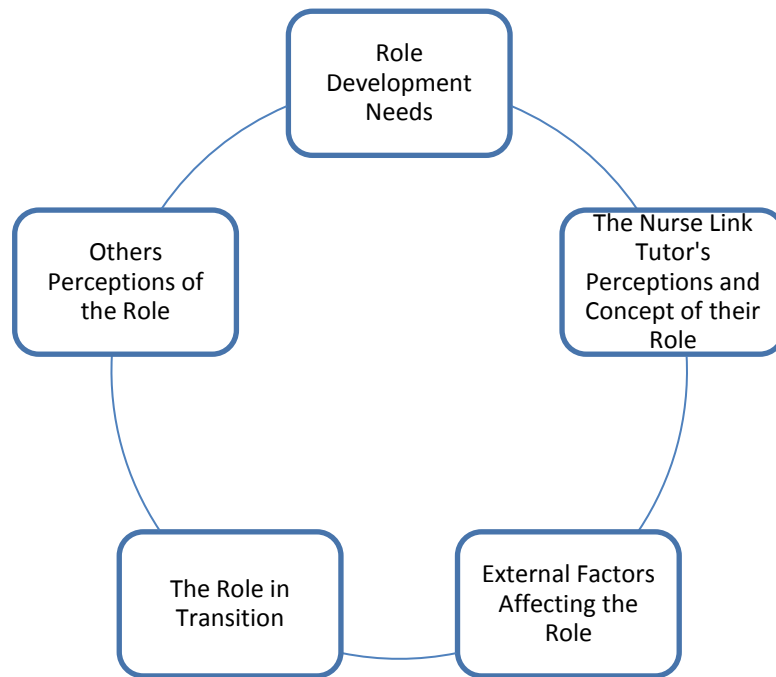


Figure 9: Identified sub-categories as concepts of the role of the nurse link tutor - data analysis phase two

### Theme development in phase two

Themes were developed from the identified sub categories, shown in Figure 9. These themes were: the hidden aspects of the role (sub themes: passion for practice, emotional involvement in the role), relationships with others, competing factors that impact on the role, the role in transition, and role development. Theme development was based upon a number of guiding principles (Attride-Stirling 2001; Braun and Clarke, 2006) in order to promote rigor in data analysis. Of these, the "undefined use of the term theme" and the mislabelling of themes are specific problems that affect the conduct of research and application to practice (DeSantis and Ugarriza, 2000, p. 362 and 367).

An example is shown in Appendix 30 of the development of a theme in phase two - "Emotional involvement in the role". The diagram illustrates data from the focus group transcript, showing the involvement of all three participants, coded and then "memos" (Lofland and Lofland, 1995, p. 193) attached to each code. This helped identify the subcategory, "feelings expressed in the role by the nurse link tutor". There was often overlap of codes which fell into two or three different subcategories and through a process of immersion and engagement with data, sub categories were

refined to categories and themes. An overview of themes and sub-themes can be seen in Figure 10.

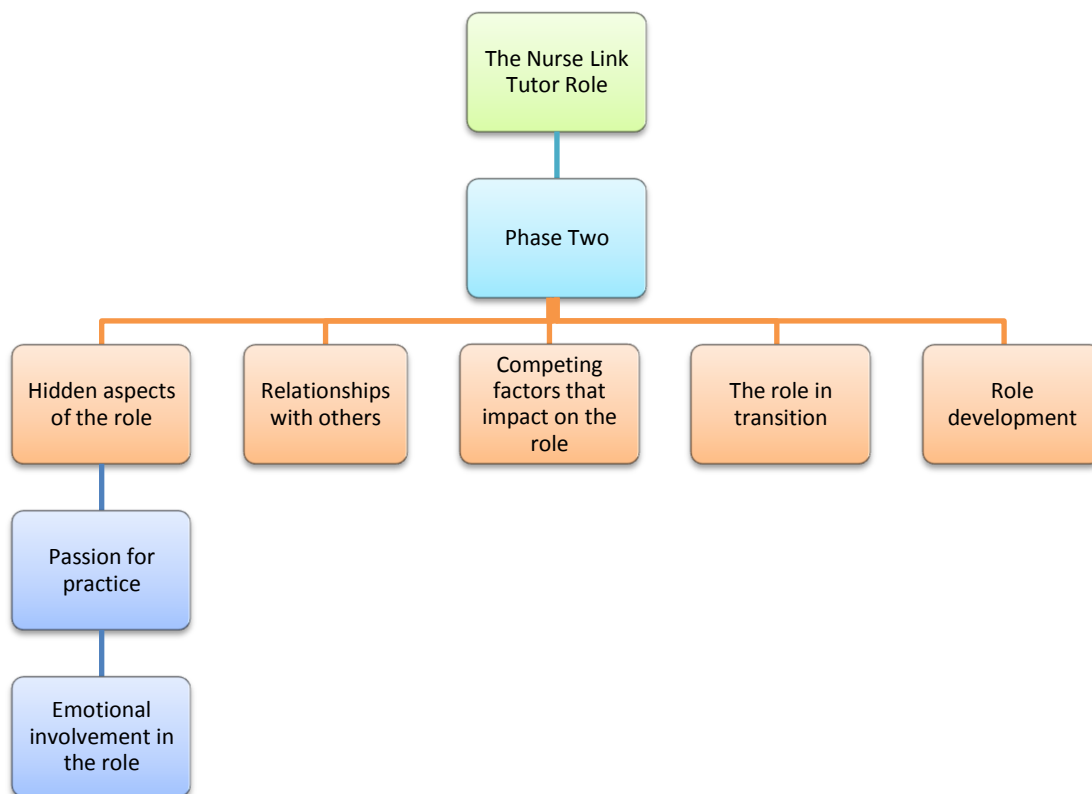


Figure 10: An overview of themes and sub-themes phase two

### Trustworthiness

The value of qualitative research as in all scientific inquiry is partially dependent on the researcher demonstrating the credibility of their findings. Lincoln and Guba (1985, p. 300, 3001) used the alternative term of "trustworthiness" for qualitative research and applied the criteria: credibility, transferability, dependability and confirmability, rejecting alternative terms and procedures. While Tobin and Begley (2004, p. 389, 391) argue for consideration of criteria such as authenticity, trustworthiness and goodness, advocating a "pluralistic approach" to obtain a complete picture, enabling understanding and transparency. Morse et al., (2002, p. 14) argue that qualitative researchers should implement "verification strategies" through the conduct of their study, rather than when the study is completed, to ensure attainment of rigour as the desired goal. In addition, Koch and Harrington (1998, p. 882) requested the inclusion of reflexivity in research. These terms have been considered within this study.



### Techniques and strategies for ensuring trustworthiness in this study

Miles and Huberman (1994, p. 263) propose tactics to ensure data quality, in this focused ethnographic study, checking for "representativeness" was considered and how this related to the criteria proposed by Lincoln and Guba (1985). Verification strategies advised by Creswell (1998, p. 201) were further considered and applied:

Prolonged engagement and persistent observation in the field are advised in order to learn about the culture of the nurse link tutors and also to build trusting relationships with participants and achieve "data saturation" and immersion. "Thick description" (Fetterman, 2010, p. 125) is the result of recorded fieldwork which contains as much contextual detail preserved of the situation observed and verbatim quotations to record in detail participants thoughts and feelings. In addition, during fieldwork evidence was corroborated with participants, and following the first phase data analysis, I was able to validate emerging findings with participants during the second phase focus group (Noble and Smith, 2015).

Peer review and debriefing was achieved through monthly research supervision in the university with research supervisors and with peers outside of the supervision team. An ongoing Progress Review process in the faculty presented an opportunity to share ideas with peers and receive feedback from other research supervisors.

A researcher diary was kept through the research process and a biography at the start of this study helped understanding of how I had contributed to shaping the study and my personal interest in a greater understanding of the role of the nurse link tutor. In addition an audit trail of data and documents was kept to increase the transparency and to authenticate the research process. The audit trail (Lincoln and Guba, 1985, p. 319) confirms a trail of data categories that can be used to certify both the process of inquiry and the research product and that they fall within acceptable "professional, legal and ethical limits".

Altheide and Johnson (1994) propose that a set of criteria should be developed, related specifically to qualitative research as previous trustworthiness criteria have been "simply paralleling those rooted in positivism" (Lincoln and Guba, 1986, p. 19). Criteria were developed in this study that would take account of the influence of context and the term "authenticity" was used (Lincoln and Guba, 1986, p. 20) to refer to these strategies and approaches.

Important strategies for ensuring authenticity within this study centred on three main factors. Firstly the relationship between participants and researcher was based upon trust and respect in this study (Prus, 1996, p. 188), ultimately this would enhance the plausibility of claims I made. The two-way relationship was helped by my previous experience and understanding of the role of the nurse link tutor and a close professional relationship, valuing participants' perspectives. This knowledge helped to identify the setting and key participants and contributed to me being able to make field observations using "thick descriptions" (Fetterman, 2010, p. 125). Relationships were important because they helped to identify and secure access to gatekeepers in the hospital trust and university and maintain trust between the participants and researcher during fieldwork. With the involvement of the nurse link tutor participants and the cooperation of gatekeepers in Eliot Trust, this allowed full access to all activities involving the participants through the nine days over eleven months of engagement and observation in the field.

It was important that I adopted self-critical reflection throughout the study. This was achieved by keeping a diary and recording of reflexive thoughts, allowing me to be sensitive and responsive to participants. By continually questioning thoughts, motives and ideas as well as the fieldwork data, I was able to acknowledge these, document perspectives and experiences, record decisions and interpretations as well as any possible bias and preconceptions. This strategy allowed me a greater self-awareness and helped to identify how I contributed to shaping the data collected and hence the final research product.

The final factor was sincerity and the adoption of an honest, transparent, diligent and ethical approach through all stages of the research study, so ensuring authenticity and sincerity as an end goal (Tracy, 2010). An audit or decision-trail would allow retrieval of data which added to this open and honest approach. In addition, participants were encouraged to review phase one findings during the focus group to corroborate evidence and confirm findings. One of the key elements of ethnography (O'Reilly, 2012, p. 93) is that it allows researchers to build relationships with participants over time and so contributing to trust and understanding. One advantage I had in my previous "insider" link tutor role was that I had developed trusting relationships with participants over many years. I felt a personal and professional responsibility to accurately reporting all that I learned from fieldwork.

Honesty was central to this responsibility. Fine (1993, p. 269) discusses honesty as one of the "moral dilemmas" in fieldwork, as much of what the researcher does is hidden and backstage, with the researcher working alone and not able to fully articulate all of the research goals to participants. Hence sincerity is important in qualitative research as it relates to authenticity and genuineness (Tracy, 2010).

### Summary

This chapter has discussed the study methodology and the research methods. The first part discussed the design of this two phase focused ethnographic study, while part two discussed the data collection methods of: participant observation, informal interview, and focus group. The research site and sampling issues were explored, followed by a discussion of ethical considerations and data management. The data analysis design, process and theme development were presented with data extracts to illustrate the process. Strategies for ensuring trustworthiness focused on verification strategies and the need to establish the credibility of the research findings. I will present the study contextual information and findings in the following chapter.

## **Chapter 4 Presentation of findings**

### **Introduction**

In this chapter I present the findings from the two phases of this study. Evidence will initially be presented from phase one, which is field work, documented through diary extracts and informal interviews in both hospital trusts: Blake and Eliot, using an "etic" or researcher perspective. The second is phase two which is the findings from the "focus group", which used participant quotations, so re-presenting an understanding of participants' perspectives from the "emic" or insider perspective (Fetterman, 2010, p. 22).

Appreciation of the context in which my study is situated is important and would enhance the trustworthiness of this study. Contextual information is valued in order to understand the data collected and hence the overall situation in which the roles of the nurse link tutor took place. Contextual information also helps to avoid misrepresentation of the participant's meanings and perspectives that are evident within a study setting. This would be important in relation to an understanding of the setting where the nurse link tutor works and their role (Altheide and Johnson, 1994; Wenger, 1985; Rashid, Caine and Goez, 2015). The first section of this chapter will now focus on the context in which this study took place before presenting the study findings.

### **Contextual nurse link tutor role information**

I have considered dimensions of settings as proposed by Altheide and Johnson (1994, p. 491), these formed the basis to discuss contextual information relating to performance of the nurse link tutor role. These consisted of: the physical setting, environment, participants, activities, routines, and significant events that the nurse link tutor participated in. This is an important consideration because the nurse link tutor participants in this study are "temporally and spatially bounded" by the context in which they perform their role (Altheide and Johnson, 1994, p. 491). Hence, the way the nurse link tutor performs their role and their interactions, take place within social environments that have an influence over them, as well as exerting control over them and "defining the situation" and their interactions with others (Charon, 2010, p. 125). I will now discuss the study dimensions and relate this to the performance of the nurse link tutor role within the practice environment.

### Physical setting

The University of Wolverhampton, at the time of the study, offered 500 courses which are delivered across 18 Schools and Institutes. The School of Health and Wellbeing, at the time of the study in 2014, offered the opportunity for students to study a degree in adult nursing across three campus sites, with nursing practice placements within five partner NHS Trusts. Undergraduate nursing degree study was also available on routes in BNurs (Hons) Child, Learning Disability and Mental Health Nursing. In addition Post-registration courses were also available. The School of Health and Wellbeing was one of the biggest Schools in the university.

At the time of the study across adult nursing, there were five Practice teams. Each Practice team consisted of university academic nurse tutors with a practice role and NHS Trust practice placement staff, each worked together to cover five partner NHS Trusts across a geographical area of the West Midlands. Academic staff with a practice role were managed by a field specific Subject Head (Principal Lecturer). NHS Trusts had a collaborative partnership arrangement with the university to support student nurses studying at the university, providing clinical practice experiences in the hospital and community setting. In addition there were placement areas available in nursing homes, private hospitals, hospices and prisons, which held contractual agreements with the University for providing clinical placements for student nurses. The study settings where the nurse link tutors worked in this study were two NHS Trusts (and their associated practice teams), referred within this study as Eliot and Blake.

Eliot NHS Trust was one of the largest acute and community health providers in the West Midlands. It provided services from three locations and had twenty community sites with 8,000 staff and 800 beds on the main site.

Similarly, Blake NHS Trust was also based in the West Midlands and was the main provider of hospital and adult community services to a population of around 450,000 people, operating from three hospital sites.

### Environment

The working environment in practice for the nurse link tutor was dependent on where students were allocated for clinical practice experiences in the trust they were based. In Eliot and Blake NHS Trust, all support related activity and mentor update sessions

were held in the hospital or community clinic/health centre setting. The nurse link tutor visited students on placement in the clinical areas within their allocated trust and other placement providers such as nursing homes. Student preparation sessions for placement were held in the university.

### **Participants and individuals**

There were two nurse link tutor participants in Eliot Trust Team (Jackie and Dawn) and two in Blake Trust team of whom one was a participant (Yvette) and the other had only just joined the team as a new nurse link tutor, therefore this nurse link tutor was not included in this study. The practice role was a component part of the role for thirteen Senior Nurse Lecturers, across the three sites, but not all, at the time of the study, the remaining Nurse Lecturers had chosen not to have a practice role and to focus on their university academic role involving teaching and learning to undergraduate nursing students. Other individuals who were part of the practice team included the Trust Practice Placement Managers (PPM) or Practice Placement Facilitator, at the time of the study there were three who were employed by and based in each NHS Trust.

Individuals who were key but not as participants were student nurses from cohorts across the three year groups, University Principal Lecturers, and Nurse Mentors and Sign Off Mentors, Ward Managers, in each of the NHS Trusts practice placement areas (A glossary of terms at the start of this study provides an explanation).

### **Practice activities as part of the role of the nurse link tutor**

There were a number of practice activities that the nurse link tutor was involved that took place in the NHS Trusts and planned in advance between members of the practice team. Several formal support sessions were arranged for each cohort for the year and were a mandatory requirement. There were up to 200 students on placement in Eliot NHS Trust and a smaller number in Blake NHS Trust, at any one time, all students were required to attend cohort based, support sessions throughout the year. These sessions enabled students to discuss their experiences and any concerns and for the nurse link tutor to monitor students' practice placement experiences. All were conducted in the NHS Trust education departments or community settings and organised and facilitated by the nurse link tutors and sometimes together with the PPMs/Practice Placement Facilitator. During the students' first year placement they had more frequent support sessions, in addition

each year, students attended a preparation for practice session in the university and a final session each year to evaluate practice placements.

Throughout a students' placement they were often visited by a member of the practice team, who provided student and mentor support as well as action planning when required, as specific practice issues had been identified. The action plan was a written document developed in agreement with the student, mentor and nurse link tutor, and formalised any agreed learning outcomes, the plan of action and assessment criteria, within a set time frame. Following a student action plan being set a Practice Report was completed by the nurse link tutor and sent to the students' personal teacher and the rest of the practice team.

Mentor update and sign off mentor training sessions were planned for the year in the NHS Trust; these were facilitated by both the nurse link tutor and PPM, taking place over a half day. Students needed to be "signed off" at the end of three years in practice by mentors who had undergone additional training for the Sign Off mentor role and this was a requirement under education standards, at that time, set by the Nursing and Midwifery Council (NMC, 2010).

Each students' placement allocation was considered to ensure that they had an overall breadth of differing placement experiences and also that NMC regulations (NMC, 2008) were complied with for ensuring placements consisted of four essential elements of experience in:- surgical, medical, community and older person, over three years. The Practice Placement unit (PLU) at the university acted as the main referral point for nurse link tutors regarding allocation of placements but the nurse link tutors were involved in ensuring that the placement allocations were suitable for the students' needs and experience. In addition there was a requirement that students completed the NMC (NMC, 2010) requirement of 2300 hours of practice learning over three years and 2300 hours of theoretical learning in the university.

In order for the nurse link tutor to work within the trust in a support capacity, they held a Trust Honorary Contract. This contract ensured the nurse link tutor complied with trust policies and procedures when working on the trust site as a nurse link tutor and allowed access to trust facilities as an authorised visitor from the university. For information about the relevant nurse link tutors' job description at the time of the study see Appendix 2.

### **Routines and variations**

The university had provided each of the nurse link tutors with mobile phones ensuring that the nurse link tutor was contactable by phone each day by students, mentors and managers.

The "Flow-Through" chart was a written record of each of the student cohorts' weekly plan of: periods of practice placement, theory time and holiday periods. The plan was set for each of the student cohorts three years of study by the Head of Practice learning in conjunction with trust staff, with some minor revisions necessary each year. This all took place in the university with the NHS Trusts consulted as practice partners.

### **Significant events**

The "Escalating Concerns in Practice" policy involved the practice team working to a Trust and University Policy when there were serious concerns about an aspect of clinical practice that was considered unsafe and would be detrimental to student learning, welfare or others while on placement.

### **Summary**

These dimensions of the study setting have helped to contextualize the role of the nurse link tutor at the time of my study. This has placed understanding of the nurse link tutor role into a larger perspective through consideration of the dimensions of the settings in which they worked (Fetterman, 2010). The interpretation of study findings in chapter 5, will consider these perspectives further and the impact they may have had on the performance of the nurse link tutor role. I will now discuss the study findings.

### **Phase one themes**

Themes and sub-themes are described in relation to the cultural meaning and understanding of the role of the link tutor. A "thematic narrative strategy" (Emerson, Fretz and Shaw, 2011, p. 203) has been followed, where themes are presented and the story is constructed around "thematically organised units of field note excerpts and analytic commentary". Figure 8 depicted an overview of themes in phase one.



### **Theme one: Managing the day to day role of the nurse link tutor**

The nurse link tutors participated in multiple forms of support in the practice setting for students, these support activities were time consuming and were provided mainly whilst working in the trust practice setting. The support activities were considered during data analysis and found to have differing purposes and have been grouped into sub-themes according to the category of support they provided, shown in Table 8 (page 97).

#### **Role sub-theme one: Facilitating student and mentor support**

Formal aspects of the link tutor's role involved the facilitation or the promotion of student support and the evaluation of placement; these were conducted during student support sessions, mentor update and sign off mentor sessions. In a two hour support session I observed, nurse link tutor Yvette met a large number of first year students in the third week of their first placement. Yvette had an important role helping students to settle in the clinical area and identify students who had problems and needed support. Field observations were made of the setting for the session, the interactions between link tutor and students and the format of the session:

*...The room was set out with tables in the middle and chairs around the perimeter. Some students had to collect additional chairs as the room was not big enough. The tutor, through questioning, tried to establish how they had settled into their placements and if there were any problems, "had they felt overwhelmed?", "shocked?" At the end of the session the nurse link tutor ensured that students had the tutor's telephone contact for support if they needed to discuss their experiences or any problems.*

This session may appear to be mundane but, the contact the students had with the nurse link tutor demonstrates the intensity and function of support provided for student nurses commencing clinical placement. In contrast, a further example demonstrates the range of support provided by the nurse link tutor during a session with third year students, one student was struggling to come to terms with the death of a young person, witnessed during a placement. Dawn led the session:

*...The nurse link tutor was able to encourage the student during the session to talk about her experience and involved the rest of the student group in giving support and feeding back on their experiences. Many of the students related to similar experiences they had on their placement and the tutor talked about experiences she had when training and how she had felt as a student. The student appeared more relaxed after this discussion but the session had felt very intense.*

Support sessions facilitating discussion of sensitive practice experiences with students were not uncommon. Dawn was able to encourage students to talk about their experiences in practice and identify students requiring further support and follow up whilst on placement.

Nurse link tutors also visited students experiencing problems, potentially impacting on their practice experience or academic studies. I observed these visits which were time consuming and involved setting action plans and guiding mentors. During a field observation, Dawn conducted a pre-arranged visit to the ward to meet a third year student and their practice mentor because the mentor had raised concerns about the student's health and wellbeing resulting in the student's lack of progression and confidence in the placement. I noted in my field diary:

*...the student looked pale and thin when she walked into the room and I was unsure if she had an eating disorder. The link tutor asked "did she think she was a safe nurse and well enough to be on placement?" The student started to cry and was very emotional but the tutor reassured and comforted the student and through what appeared gentle questioning and probing was able to find out more about the impact of the student's circumstances. An action plan was set with the student and mentor and this was documented in the student's assessment document, the PAD. Support and reassurance was given to the student and mentor and additional resources offered to the student such as the University Counselling Services. An agreed further visit to the placement was arranged to follow up the students' progress.*

This meeting was lengthy because the nurse link tutor needed to speak individually with the student and the mentor to obtain a complete picture of what was happening. This was followed by the nurse link tutor supporting the mentor in developing an action plan to guide the student in the remaining time whilst on placement.

The support provided to mentors was seen regularly during fieldwork and was seen as an important part of the role of the nurse link tutor. During one observation Yvette promoted to students the importance of the nurse link tutor (and mentor role) when she asked students to:

*...contact the tutor if their mentor required help with the new assessment documentation, stating " we want to support them if they are struggling with the document...phone us...contact us".*

Mentor support was provided through: facilitation with action planning, advising on student documentation and providing additional support on and with assessment

procedures. The mentor was supported by the nurse link tutor to make decisions about students who they felt were cause for concern, especially if they did not feel confident alone. During one field observation nurse link tutor Jackie had arranged to review an action plan set by a mentor for a third year final placement "sign off" student. I noted:

*...The mentor had been gathering evidence to show the link tutor and had written down several pages of concerns and perspectives from other mentors on the ward in preparation for the meeting with the student and tutor.*

I noted the importance and level of interaction between the mentor and link tutor and the assessment process:

*...The tutor facilitated the discussion between the student and mentor and informed the student that she had not passed the placement. The student was asked to leave the room so that a discussion could take place with the mentor and documentation completed. The student was very unhappy about the decision and demanded to come back and speak with the tutor. I noted a feeling that this was going to be a difficult situation to manage requiring a lot of sensitive handling and support for the student and mentor from the link tutor.*

The nurse link tutor appeared to facilitate difficult situations by allowing the student and mentor to each propose their views but to continually ensure that the assessment process was carried out fairly and correctly.

Planned mentor update sessions were held in the trust on a regular basis by the nurse link tutors, with mentors having to attend one session annually to obtain updated information on nurse education to remain a mentor. In addition, sessions covered, trust policy related to students, curriculum changes and provided an opportunity to discuss student case studies with the nurse link tutor and trust practice team. The nurse link tutor was supportive of the pressures that mentors faced, frequently mentioning not wanting to visit the wards at peak periods and the importance of respectful and trusting relationships. The nurse link tutor was observed as encouraging mentors in their role with students and evident throughout fieldwork, sometimes this was with students' experiencing difficulties, as the following field work experience demonstrates:

*...We had been called to one of the wards to see a mentor who had concerns about a student's sickness and attendance record. I noted the*

*nurse link tutor giving the mentor advice about how to manage the student and reassuring her that she was managing the student appropriately. A follow up visit was arranged with the student when the mentor was also available.*

Jackie expressed a view that the nurse link tutors were seen by students as a form of conduit between the placement and university and were able to represent the views of the student, especially if the student was going through a difficult period. The nurse link tutors who were present at meetings between students and mentors were able to ensure that assessment procedures, according to the Nursing and Midwifery Council, were followed. These were time consuming and sometimes emotionally heated meetings as one observation discovered:

*... We arrived on the ward to see a third year student at the request of the sign off mentor...the mentor went through all concerns about the student with us. An action plan had been set and it was reported that staff were feeling intimidated by the student who was unable to take constructive feedback. Jackie documented all of the feedback in the student's clinical document and then asked to speak with the student...the tutor asked how the placement was going and then focused on the action plan, reporting to the student that the mentor did not feel the action plan had been achieved and she would most likely fail the placement...the student then reported that she did not get on with her mentor and was confused...we left the ward some 90 minutes later with the tutor reporting we were going around in circles with the student.*

Despite the supportive aspect of their role, as suggested by the previous example in Eliot trust, in Blake trust there were relationship tensions between members of the practice team. Yvette was cautious about intervening in situations with students without first approaching the mentor. In one student support session I documented:

*... The link tutor spoke with the students saying that the nurse link tutor can antagonise the situation if they intervene and the student must first speak with their mentor about the problem.*

The link tutors often remarked they wanted students to "get the best from their practice learning experiences" and it was mostly through support and acting on behalf of students that they appeared to achieve this aspect of their role.

#### **Role sub-theme two: Reacting to clinical practice concerns**

A further formal nurse link tutor role requirement involved reacting to concerns raised from students and mentors about clinical practice issues involving students in practice. Firstly, concerns about student's progress were made from phone calls and

emails from mentors, ward managers, personal tutors and trust practice team members and secondly, reacting to concerns that students had expressed about their practice placements. These activities involved in the first instance the nurse link tutor responding to the concern which involved visiting to set an action plan if appropriate and then following up the concern with the student and mentor. The nurse link tutors mentioned "*known problem students*" who they followed through and discussed at length with each other in the practice team, appearing to actively deal with concerns and prevent escalation of the problem. I observed the practice team, meeting in Eliot Trust to discuss a student and at other times taking another member of the practice team to the placement to visit the student and "*gain another perspective*". This arrangement worked well as the nurse link tutor took the lead role in supporting action planning with mentors and other members of the trust practice team would attend if required. At times all nurse link tutors showed signs of frustration at the way that problem students were dealt with on the placement by mentors, I noted during field observation:

*... The nurse link tutor commented that the student had reached their third year not possessing essential clinical skills and that problems had been identified late into the student's training. Sometimes there had been delays in the reporting of concerns about a student for action planning or conflicting views were expressed about who should be contacted.*

During one observation in Blake Trust, Yvette had wanted to action plan a student but I noted:

*... There was not enough time left remaining on the placement for the student to work on completing the plan. The link tutor had tried to find out more about the delays and found there were conflicting views on the ward about who to call for support and mis-communications within the trust which had affected the student as they had not been seen.*

The second aspect of this support activity role was reacting, often informally, to concerns that students had raised with the nurse link tutor. Often this occurred during and after support sessions where students were encouraged to raise concerns by the nurse link tutor. These frequently concerned: poor clinical practice students had witnessed on placement, issues of lack of mentor support for students, lack of learning opportunities and experiences. At a two hour support session for first year students, I noted:

*... The link tutor was bombarded by numerous issues with many students staying behind at the end of the session to have one-to-one conversations. At the end of the session the link tutor expressed relief it was over and rested her head on the table in utter frustration and exhaustion at the volume of concerns being raised.*

In Blake Trust concerns had been raised by students about an aspect of unsafe clinical practice. I noted following discussion with the nurse link tutor:

*... The link tutor had been contacted prior to the support session by some students who had raised concerns as a result of witnessing incorrect patient moving and handling procedures and poor hand-washing practices observed during their first practice placements.*

As a result of these concerns the nurse link tutor was required to formally contact the trust practice team who would then continue the investigation, with both ensuring documentation was completed according to the "Escalating Concerns in Practice" procedure. The nurse link tutor responded to students raising clinical practice concerns by stressing to students and mentors their availability informally via mobile phone and email, while in the trusts and also when conducting their other roles in the university, they were still available for students to contact.

The nurse link tutor was frequently required to go into the practice setting to meet with practice mentors and managers when there had been a complaint about a student or to investigate an incident. During one visit I observed an episode involving an investigation after a student clinical error, this had taken place in practice involving a student and the nurse link tutor was required to investigate and support the practice staff and student. I was informed these were infrequent incidents but required visits in order to investigate the incident and support the student and practice mentors and managers. The nurse link tutor was required to report back to the Trust Practice Team and managers, University Nursing Lecturer who was the students' Personal Tutor and University Principal Lecturers as Head of Subject and Head of Practice Learning. I observed one visit in Blake Trust with nurse link tutor Yvette, a visit had been arranged to an acute medical ward to meet with the ward manager, and previous visits by the nurse link tutor to the ward had taken place. During the visit I observed the interaction between Yvette and the manager and noted in my field diary:

*... On arriving on the ward the nurse link tutor asked to speak with the ward manager and was shown into a staff room while a member of staff went to look for her. She eventually appeared but was clearly busy and harassed, she sat down facing the tutor around a large table, and they greeted each other by name. The ward manager mentioned that she had finished it (meaning the report of the incident) and handed this over for the tutor to go through. The tutor started asking questions and wanted to know if the student had signed the prescription chart after giving the patient the insulin. The ward manager responded "no". There then followed a discussion of when the incident had been highlighted with the tutor reviewing the report. The manager stated that she felt "it had opened up a can of worms for the unit". By this I assumed she meant that there were issues in the supervision of students by mentors or in the administration of medicines. The tutor responded by reviewing who had been involved in the incident from the university perspective. The manager continued her expression of concern about what had happened and stated that she had not known a student who had taken it on themselves to administer insulin. There appeared to be conflicting statements to what the mentor had reported happened and the students' statements. The tutor mentioned that she had spoken with her line manager for guidance on managing the incident and the conflicting statements and reiterated that the student should not have been able to administer insulin unsupervised and what knowledge the student would be expected to have about blood glucose monitoring. It was also discussed that the student had not been aware of the normal blood glucose ranges. It then transpired from the ward manager that the student had administered a morning dose of insulin in the afternoon. At this point the nurse tutors' practice phone rang with a call from a mentor who was waiting to see the tutor in the A & E Department and we were late.*

Prior to this visit I had observed the phone discussion between Yvette and the Head of Practice Learning in which the visit had been discussed and guidance had been sought on how it should continue to be managed. Yvette gave me some background to the incident before we went to the ward and I was informed the student was a first year student who had administered a patient's insulin drug at the wrong time and without the supervision of the mentor as was required according to both Trust and University policy, as well as NMC education standards. The students' placement had been fraught with other difficulties, such as concerns about the attitude of the student and the demands she was placing on the placement as a result of child care difficulties. The nurse link tutor had been trying to manage and support the student as well as the practice staff.

This experience highlighted the type of serious incidents that the nurse link tutor was required to investigate in practice and the degree of interactions and support

required by the nurse link tutor towards the trust and university staff as well as the student nurse. This incident also highlighted the difficulty involved in dealing with serious incidents involving students in practice and the emotional support the nurse tutor had provided to the ward staff and student, especially as the ward manager had expressed anger towards the student and voiced concerns about her future suitability as a nurse and also disappointment that the drug error had occurred on her ward and with the involvement of her staff. The nurse link tutor had listened, responded to these concerns and documented what had been said and had arranged a further planned visit to continue to support the staff and student. While this was taking place the tutors' phone had rung and we were expected on another visit and were getting late, this must have added extra pressure on the nurse link tutor.

### **Role sub-theme three: Interacting and relating with others**

This aspect of the nurse link tutor role involved the tutor interacting with students, practice team trust staff and mentors, in the trust and university for a number of reasons and in different ways. There was an expectation as part of the nurse link tutor role that they fed back information about students to personal tutors and it was the responsibility of the personal tutor to follow this up. A Practice Report was sent to the student's personal tutor informing them of the concerns raised. Other referral systems were evident to the trust practice team asking for specific advice about a student or the Practice Placement Unit at the university to ask about the student's placement allocations. On several occasions I observed the nurse link tutor needing to contact the Principal Lecturer as Head of Practice, seeking guidance about managing situations affecting students.

Interactions were either face-to-face or via email or phone. Sometimes as part of meetings or mealtimes the practice team in Eliot Trust took opportunities to get together and discuss any issues of concern. When interacting with student groups the nurse link tutors were observed relating to their own experiences of being a student and their nurse training. On one occasion I sat with Dawn and a student:

*... The link tutor was with a student who was disappointed at not being offered a job in the trust and said she was ready to leave. The link tutor reflected with the student on her own training and how she had developed skills and acknowledged that she had lacked insight and self-awareness at the end of training but had persevered and not given up.*



In a further example at one support session, students were anxious about the effect of being away from the acute hospital environment as they had been placed in the community or nursing home placements; this concern was met with understanding and reassurance by the nurse link tutor:

*... The students were concerned that they had been working away from the wards for some time while on community placements. They were now scared about coming back to the wards. The tutor mentioned..."we have all been there...you will be surprised how quickly you will pick it up, it is like riding a bike".*

The nurse link tutors all related to professional standards and codes of conduct when talking with students and valued that they were able to instil high professional values and standards during periods of interaction with students. I observed both Jackie and Dawn, discussing the implication of the inappropriate use of "Face book" with students and the dangers of breaching patient confidentiality. On several occasions I observed students coming into support sessions late, this was met with disapproval by the nurse link tutors as a sign of poor professional conduct and teamwork.

#### **Role sub-theme four: Allocating and preparing student and mentor activities**

The allocation of students to placements was carried out formally by members of the trust practice teams. As part of her role Jackie in Eliot Trust always received these for scrutiny and commented that "*the best interests*" of the students should be served by the placement allocation or that the student attended "*the most beneficial placement for their stage of learning*". Jackie reported not sending students to certain placement areas where there was not enough mentor supervision or poor levels of staffing. On one occasion the allocation of students to a placement had caused concern:

*...On the way out of the ward the link tutor's phone rang and there was some discussion...the other link tutor had phoned as they had concerns about the level of mentor staffing cover in the community where they had two groups of students currently out in placements. The link tutor mentioned they would need an urgent meeting with the trust practice team to try to resolve that as they had feared this situation was going to arise.*

This experience highlighted the serious nature of the issues that the nurse link tutors were dealing with and that they would need to respond immediately to this issue but work with trust staff and the practice team to solve the problem, potentially needing to re-allocate the students to other placement areas.

Preparing students for placement was the responsibility of the nurse link tutor; this was conducted in the university and focused mainly on new students starting their first placement, then again at the start of each academic year. The student Practice Assessment Document (PAD) was given out and the nurse link tutor would go through the document in detail with student groups. Trust practice team members were invited to these sessions and very often personal tutors attended to hear the information that the nurse link tutors gave to students. Students were prepared for their placements by the nurse link tutors and for nursing professional practice as well as practical issues such as: working night duty, managing child care and working with a mentor. During one observation:

*... 120 new student nurses were in the university lecture theatre for a morning session called "Preparation for Practice"; the aim of the session was for the link tutor to give the students insight into the demands of nursing and the practical requirements such as uniform requirements, working shifts, sickness reporting and the role of the practice team. The students were informed of the trust and university policies and directed to the university WOLF site for further online information.*

Mentors as well as students were prepared for their roles, during one preparation workshop in Eliot Trust, practice mentors who were new to their student "sign off" role, were being prepared:

*... Prospective sign off mentors were being prepared for their role by giving them an overview of the adult nursing programme as well as the specific role of the sign off mentor and help with action planning students. The nurse link tutor worked with the trust staff to facilitate this session.*

This workshop was jointly organised and delivered between the nurse link tutor and the trust staff and was considered a good opportunity for them to engage further with practice mentors.

### **Theme two: Expressing their role as link tutors**

The nurse link tutors expressed their role to me through the feelings and concerns that they shared during field observations and informal interviews. Ultimately, they suggested through their feelings, that there were concerns that governed how the role was performed. Three sub-themes emerged from this: concerns for the role, expressed feelings for the role and cultural patterns of language expressed by the nurse link tutor, were identified. They expressed both positive and negative aspects

of the role through identifying concerns and frustrations which affected their perceived ability to carry out the role effectively.

#### **Role sub-theme one: Concerns expressed for the role**

There were a number of concerns expressed by the nurse link tutors; some related to the conflicts they experienced while working as a nurse link tutor and how these impacted on the role. The nurse link tutors discussed the difficulties of responding to the competing demands of being an "academic" with an additional role as a nurse link tutor, both competing for time and causing tensions. Dawn referred to the effect of these competing demands as a "*diffusion*" of the role and explained how the role in practice as a nurse link tutor had impacted on other "academic roles". During one observation Dawn discussed with me managing other roles:

*..."The role conflicts with other academic roles such as module leadership...there is a time commitment involved in managing a module across the three university sites, this takes my time"...*

Dawn explained that most days in practice were spent responding to urgent problems, these consumed a large part of their time. The nurse link tutor dealt with these problems but this impacted on work in their academic role as Senior Lecturers. This caused a conflict with teaching and administrative roles contributing to the nurse link tutor's perception of a "*role diffusion*" and their ability to respond well to competing demands.

A further concern related to the increased demands on their time when they were requested to see students by mentors who they believed lacked clinical skills and showed poor professionalism, especially during the final year of clinical practice. The tutors questioned how students in practice had been allowed to progress without these skills and commented these should have been highlighted earlier by mentors. Intervention by the nurse link tutor to address these concerns involved intensive visits to monitor the student's progress and set action plans. Dawn mentioned:

*..."How worrying it was to have third year students on action plans because they do not possess core clinical skills in delegation, making referrals, effective communication and knowledge of drugs".*

Relationships with some university staff had caused tensions and conflicts, providing additional pressures on them in trying to juggle the competing demands of the role. One nurse link tutor explained that some Senior Lecturers had not responded to the

link tutor's communications about students who were cause for concern and some did not follow up their personal students when issues of concern had been raised by the nurse link tutor:

*...The link tutor stressed they were "responsible for feeding back any information to personal tutors" that related to their students in practice and the link tutor hoped that they would follow this up...most responded quickly but some did not respond at all and some students reported being unable to get a response from their personal tutors when contacted.*

Communications with some university managers had been difficult especially when reliant on email and this had required the nurse link tutors to seek guidance from the Head of Practice Learning. However, managing difficult students had caused conflicting views from university managers about how to manage students in practice. Despite some difficulties, the situation had changed over a period of time with the nurse link tutor reporting positively to me that:

*... It had taken a "long time for staff within the school to take the role of the nurse link tutor seriously". It was good to see staff from the university phoning and communicating with the link tutor and that it had not been so good in the past.*

Lastly, concerns were raised by some of the nurse link tutors about how a heavy, often unmanageable workload and lack of resources, had affected their ability to perform their role to the standard they wanted. For instance Jackie had remarked:

*..."There were not enough members of the practice team and they had more work in the trust than working hours to achieve".*

Workload issues and tensions of managing the role were frequent topics discussed during field work. Jackie had spent three days in Eliot Trust that week and explained the impact this was having on the competing demands of the nurse link tutor and academic role and pressures of a full workload:

*...The link tutor had spent a lot more time working in the trust that week than being given working hours to achieve...this was having a detrimental effect on the time to carry out preparation for teaching as they still had an academic role to consider.*

Despite this pressure, Jackie appeared to prioritise work in the trust and expressed that they "did not want to let anyone down", wanting to "perform the role well", but they experienced a great deal of personal frustration and tension in order to achieve these demands and fulfil a nurse link tutor role to their satisfaction.

### Role sub-theme two: Expressed feelings for the role

All of the nurse link tutors expressed a combination of feelings for their role. Some felt under stress from the demands of the role, affecting their ability to carry out the role and combine the nurse link tutor and academic role. A telling episode occurred during one observation when Yvette, before a student support session, had expressed feelings about coming into the hospital that morning and the preparation involved for the day's visits and meetings ahead:

*...The link tutor was late as a call had been required to Head of Practice which had lasted thirty minutes. The tutor had discussed students to be seen that day and the best way to manage these students as well as an important visit to the ward to see a ward manager where a student had been involved in a drug error. The tutor mentioned "a sick feeling" thinking about the day ahead in the trust and the preparation involved for the day, by way of phone calls and emails and the planning that was involved in the visits we were about to do to see students and mentors.*

Another nurse link tutor had commented on the value of having me or someone else in the team there during visits and the effect this had on them of working a lot on their own:

*...The link tutor mentioned that at times it can be a "lonely role" and that you have to make difficult decisions on the spot when you are working with students and mentors.*

In another example Jackie was annoyed to have missed phone calls related to practice, I noted the reaction and feelings from the tutor:

*...I had the feeling the link tutor was busy and stressed and had missed mobile phone calls in the short time we had been in the class with students. The tutor mentioned that "phone calls were difficult to quantify" and increased workloads but that it was important to be able to react immediately to these calls as they [students and mentors] would be less likely to call you the next time.*

This snippet of information during field work appeared to highlight the fragility of the relationships held with students and mentors involved in being a link tutor and the need to juggle and respond to multiple demands of the role. Ultimately these calls would have increased the nurse link tutors' workload, but they saw it as important to respond promptly as they needed to feel that they were doing a good job, of retaining some control of their role and managing the situations presented to them.

Following one field work episode, Jackie reported to me that: *"there was a great deal involved in the role following practice visits"* and often *"it was not appreciated by others the amount of work involved and the follow up of students"*:

*...The link tutor mentioned that they had "worked late after working in the trust"; completing reports and communications with team members following practice visits.*

More positive feelings were expressed when they related to experiences of good teamwork within the practice team, I noted:

*...The link tutor took great pride in reporting to me that communication was good in the team and that they always discussed students together and made decisions based upon these communications. They often visited students and placement areas together if there was a problem or a difficult student.*

Another positive feeling expressed was seeing students do well and continue to progress during practice placements but the nurse link tutors' time would often be spent with students who were struggling in practice and they felt that not enough time was spent with other students. The nurse link tutors had tried to find time to spend with students in a more productive way and had been piloting a "debate club" meeting for students to attend during an afternoon when it may have been a more quiet time in the practice placements. I noted this discussion:

*...The new debate club was run by the link tutors as a way of meeting with students who were doing well and not necessarily struggling. It was felt that a lot of the link tutor's time was spent with students who were weaker and causing concern in practice but that stronger students, not causing concerns, were often not seen at all by the link tutors in practice.*

The nurse link tutors were excited about the debate club and they were each facilitating sessions but they had only just started to set this up as a new initiative.

### **Role sub-theme three: Cultural patterns of language as an expression of the role**

Similarities of language were noted when the nurse link tutors were talking to students and each other. In a support session with students, I noted the language used was more reassuring when talking to students, proposing that students may feel *"overwhelmed"* when they were on their first practice placement, or requiring *"support all the way through"* the practice placement:

*...We walked into a meeting room full with 34 first year students at the start of their placement; they all looked pleased to see a familiar face from university. The link tutor sat with the students all around a large oval table. The first question the tutor asked was: "had the first 3 weeks been a bit overwhelming for them, had they felt shocked?" The students slowly started to respond; yes they had "given patients drugs under supervision...", "met my mentor...", "was expecting to be told lots..."*

On this occasion Yvette had tried to encourage the students to talk about their experiences and how they felt but also at the same time had shown understanding of their situation and the way they were feeling at the start of their first clinical placement.

During one action planning meeting on placement with a third year student, the language used by the tutor was very evocative and motivating, such as needing to "lift up a gear", referring to the fact the student needed to improve their level of responsibility, initiative and knowledge. Dawn explained the reasons for action planning the student:

*...The link tutor spoke about the reasons we were visiting as a result of mentor cause for concern being raised and that we may need to complete an action plan. She acknowledged this may cause anxieties...the tutor started to steer the conversation to thinking about the stage of learning the student was at and what competencies she would need to develop. The tutor mentioned to the student that she would need to start to "lift up a gear" and gave examples of how she could take the initiative more in her clinical practice as a third year student.*

The nurse link tutors were realistic about the fact that students would experience positive and negative placement experiences and spoke of "the challenges of the placement experience" and that they were trying to "prepare the student" for these experiences. However, when they were dealing with problem students they used a more aggressive style of language, such as referring to the need to "fire fight" to deal with problems and "the problem students" when discussing managing these students with others in the team.

The nurse link tutors used terms to describe the nature of their role, for instance it was "all consuming", "needing to work flexibly" and the importance of "meeting the needs of the service". This cultural use of language involved the nurse link tutor reflecting on their own nursing experiences, often when interacting with students. In one telling episode during an evaluation of practice placement session, the students

were reflecting on their experiences of working on a community placement with the nurse link tutor:

*...One student mentioned she was sick of hearing her mentor moaning about the changes and problems within community nursing...the tutor suggested that morale may be low and spoke about some of the changes currently happening in community nursing, especially the amalgamation of trusts and how the students were being prepared by the practice team for the realities of clinical practice in the real world.*

Using their knowledge and skills of their own practice speciality, such as in this episode, appeared to be valued by the students and a way for the nurse link tutors to connect with the students when discussing difficult practice issues.

### **Theme three: Contributing to student learning**

The theme of contributing to student learning, involved several sub-themes that related to the nurse link tutors' practice role and ability to make a positive influence to learning in practice. The nurse link tutors did not teach students clinically in practice but their role involved working with mentors and others in the practice team. I observed them using strategies to enhance and facilitate student learning in the practice environment.

#### **Role sub-theme one: Working in a practice team**

The nurse link tutors were positive about working closely together in a practice team and expressed they were better able to provide support for students, each other and learning opportunities for students through close teamwork. As they worked in different teams there were variations in their experiences of team working and in particular of how they worked with trust staff. One nurse link tutor in Blake Trust had reported experiencing difficulties in team working relationships. Yvette discussed the need to be:

*..."assertive" in the manner that they worked with people and had found this was the best way to get along with people in the trust.*

There was not the same level of close working between the nurse link tutor and the trust staff in Blake Trust, with the nurse link tutor running support sessions and completing action plans with students while working alone. During one first year support session, Yvette in Blake Trust had been asked questions by students that she was unable to answer:



*...During the support session the students asked several questions that the link tutor was unable to answer...the student asked, "Were they able to remove an IV drug cannula?"..."perform blood sugar monitoring?"...the link tutor mentioned needing to "check first" with the trust staff and would have information at the next support session.*

This was in contrast to Eliot Trust where there was evidence of joint working for these student activities:

*...Before going into the group of around 45 students we were met outside the room by two of the trust staff also involved in the session. One warned the link tutor that there would be some negative comments from students concerning issues of staffing levels and how these had affected their placements.*

Jackie in Eliot Trust had reported good relationships and team work and had stressed the need to be able to trust and respect one another as an essential feature of the role, I noted:

*..."the members of the team are clear about their role and responsibilities"..."the team trust each other and are good friends and this is part of the reason why they are successful as a practice team".*

In one particular instance in Eliot Trust the team had met together informally and appeared to be gaining a lot of support from one another:

*... The team had been meeting and catching up and were now enjoying breakfast together. They appeared happy and relaxed in each other's company. I felt as if I was intruding on their time together but I was directed to sit with them and have a coffee.*

Most visits to see students in Eliot Trust were arranged in advance, but some complex situations the nurse link tutors arranged to visit in pairs:

*...The link tutors would take another member of the trust practice team along to have, as the tutor expressed "gaining another perspective on the issue was helpful".*

During one instance a member of the trust practice team rang Jackie during an action planning meeting with a third year student and mentor to find out if Jackie required any additional support. The meeting had been very tense with the student making accusations about the mentor and both Jackie and mentor were finding it difficult to communicate with the student:

*...The trust practice team member entered the side room where we were all seated, at that point the student had been asked to leave while we*

*discussed the student together and the best way to deal with the concerns.*

In this episode, Jackie and trust staff, had worked together to support each other, demonstrating how this team working had positive results for students, mentors and the link tutor in finding a resolution. This depended on each member understanding their role within the team and respecting others.

The nurse link tutors all had different areas of responsibility in the team according to their own clinical expertise, this they suggested benefited student learning, and especially when there were problems with students. Dawn reported in Eliot Trust that occasionally they work by:

*..."We cross over and spend some days catching up with each other and discussing the issues each faced".*

In order to work together as a practice team and ensure information about students was shared with relevant staff a Practice Report was completed each time a student was set an action plan. Effective communication was reported as a part of teamwork as information could be shared about students related to their learning needs.

Working together in the team was discussed as Jackie remarked:

*..."We are meeting together to discuss issues of concern and make decisions about students based upon everyone in the team being happy and feeling included".*

Despite the importance of teamwork the nurse link tutors in Eliot Trust mentioned that there were challenges involved in working together in this way as this involved working across two large organisations. During one instance Jackie mentioned:

*..."This was a challenging aspect of the role especially as there could be personality clashes and differing views of opinions between the members of the team from the trust or university".*

This joint working within the practice team was reported:

*..."It has taken a long time for the members of the practice team to work well together in the trust and to gain the trust and respect of mentors".*

Working successfully in a practice team was essential, ultimately for student to benefit and gain the most from their placement experiences but for the nurse link tutors this was seen as a challenging aspect of their role because of differing opinions and personalities that they came into contact.

### Role sub-theme two: Setting standards and professionalism

The reinforcing of professional standards was seen by the nurse link tutors to be an important part of their role as practice educators and as nurses. During all student sessions the link tutors reinforced professional standards and codes of conduct from the Nursing and Midwifery Council (NMC, 2015). In one support session Dawn demonstrated this aspect of the role with students:

*...The link tutor then moved the discussion on by asking about the wearing of uniforms appropriately and a lengthy discussion followed about the dangers of the inappropriate use of Face Book and the implications for professional practice and divulging of placement information.*

Students were expected to take responsibility for their own learning and follow codes of behaviour, dress and use of social media. Discussion of trust policies also served as promoting standards of safe practice so ensuring that students adhered to policy and procedure. During one placement evaluation session a student stayed behind to speak with Dawn as they had experienced difficulties obtaining a signature from their mentor in their clinical document:

*...The link tutor spent a lot of time with one student as it transpired that the mentor had been unable to sign the students document as she was currently not on the trust register of updated mentors...the link tutor phoned and spoke to the mentor offering advice and guidance about Nursing and Midwifery Council requirements and procedures for student assessment in practice.*

In addition trust policies were reinforced relating to reporting sickness and absence and university procedures for student assessment and the retrieval of practice hours. During one session Yvette mentioned the policy for reporting poor clinical practice:

*...Nurses come under scrutiny and can be "struck off the register by the Nursing and Midwifery Council for poor practice". Students were responsible for "Escalating Concerns" if they witnessed poor practice.*

The link tutors also related to wider issues of concern, such as the failure to deliver safe standards of care as reported in the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013). Promotion of high clinical standings and understanding of the circumstances of these failings they believed helped to reinforce professional practice standards:

*...During the session the student spoke about being given responsibility for running a bay of patients which had gone well. The link tutor spoke*

*about mentor expectations and the professional accountability of the nurse, referring to the Mid-Staffordshire Public Inquiry (2013) and suggesting this report had the effect of raising the trust's expectations of their students in practice.*

Reinforcing professional standards was performed in different ways, in one instance, on a visit to action plan a student, Dawn asked the student to ensure that:

*...She considers "The Nursing and Midwifery Code of Conduct (NMC, 2015) and the Francis Report" (2013) and the nurses professional accountability.*

This was set as part of the action plan and ensured that the student was aware of important issues in relation to professional accountability and safe practice.

### **Role sub-theme three: Enhancers of learning in the clinical environment**

The nurse link tutors did not take part in any planned clinical teaching in the placement areas and did not see this as being part of their role. Their involvement in practice was seen more as facilitators and influencers of practice learning through supporting mentors and students with their learning needs. In several instances the nurse link tutors were keen to stress to students that they should be more responsible for their learning as independent learners, while Yvette advised students:

*...The link tutor stressed to students during a support session that they needed to "make learning opportunities for themselves" and "not to sit back and wait for their mentor".*

During support and evaluation sessions, nurse link tutors were often faced with unexpected discussions from students about clinical experiences, these frequently involved the nurse link tutors using their nursing knowledge and skills to help students relate theory to practice and understand students' needs and concerns. During one support session for third year nursing students, facilitated by Dawn, the discussion involved one student telling the group about a situation involving a patient admitted to the Accident and Emergency department. I noted the discussion:

*...The man was admitted to A&E accompanied by his wife and mistress, with the wife not aware of the mistress, the student discussed struggling not to be judgemental in caring for the patient. The tutor revealed a situation that had happened in their practice while caring for a man who appeared to have two wives and the difficult ethical decisions that had to be made. The students enjoyed discussing these case studies and*

*relating to them to discuss ethical issues in practice using their own actual practice experiences.*

The nurse link tutors were observed needing to guide and prepare mentors, especially in relation to; action planning failing students, assessing students and reviewing learning needs and sources of support from the trust and university. For example, during one visit a mentor had requested Yvette to visit and advise how best to manage a student she had found out by chance was a diabetic and also had a learning need:

*...The mentor read out what she had written in the students document and asked if this was suitable...the link tutor took notes and mentioned how learning needs can affect student learning in practice and that the mentor should speak with the student and document an action plan to help. The link tutor wanted to know more about how and when concerns about the student had been identified and why there had been a delay in seeking support from the practice team. It appeared that the mentor needed support and reassurance in dealing with the student and the link tutor was able to offer advice about how to manage the student in relation to their learning needs.*

Ensuring that students got the best from practice placements by guiding and supporting mentors were learning and teaching strategies that were used by the nurse link tutor to enhance learning. The previously mentioned debate club was also another strategy used to enhance practice learning.

#### **Role sub-theme four: Keeping up to date professionally**

The nurse link tutors did not talk to me about their own specific professional development needs but they expressed that they saw their presence in the practice areas as a kind of "*clinical credibility*" and enabled them to keep up to date in relation to practice issues:

*...The link tutor mentioned an issue of concern for them was the need to "keep up-to-date in practice" and the importance of taking on a practice role as a link tutor. The tutors view was that having a link role was a way of keeping up-to-date with practice issues and that university nursing tutors who did not have this role ran the risk of becoming more out of date clinically.*

Jackie in Eliot Trust believed that the role of the link tutor was becoming more integrated into the trust and there were opportunities for them to develop their role, this they saw as necessary:

*...The link tutor had been asked to take an active part in trust initiatives such as being part of the trust clinical committees, interviewing for Band 5 posts and a teaching role. The tutor suggested that these were not a recognised part of their role as a link tutor, but the tutor appeared pleased to have been asked to contribute by the trust in this way.*

#### **Role sub-theme five: Communication strategies**

Communications within the team was considered important, in particular issues concerning students who were having difficulties in practice. The communications informing the nurse link tutor of the student were often received as emails or phone calls from the trust practice team, mentors and senior lecturers and required the tutor to liaise with the team and visit students. There were very often degrees of importance attached to how quickly the tutor needed to respond to see the student, issues such as students absent from placement, not progressing well or making clinical errors being high on the priority list. In one telling episode an important meeting had been arranged on the ward:

*...The link tutor had arranged to meet with the ward manager in Blake Trust to continue an investigation into a first year student nurse drug error. An investigation was underway involving the mentor, trust practice team and Professional Development Manager and a long discussion took place about how the incident happened. ...Weekly support visits were arranged to see the student on the ward and monitor the student's progress.*

During meetings such as this with students or placement staff, records were kept in the student's clinical document or on university tutorial record sheets. Other meetings were reported by emails to the relevant people concerned. After seeing a student, the nurse link tutor was responsible for making everyone in the team aware of the issues and fed this back to the students' personal tutor for follow up. During one visit Jackie emphasised the need for a practice report:

*...following the visit the practice report would be sent to the practice team and Personal Tutor to ensure that everyone was aware that the student had been seen, issues raised and discussed with the mentor. The link tutor called this form "reporting concerns in practice" and would be generated by a member of the practice team and sent within 24 hours of the student being seen.*

Ensuring that the practice team were fully aware of any issues involving students enabled any person in the team to become involved if they needed to visit, as well as reporting to the student's personal tutor. There was also a need to document fully

these issues as they were part of the students' record of progress and may have been called upon as evidence if the student was not progressing in practice.

Communication strategies involving documentation were referred to repeatedly; of these the "flow through chart" had importance. The flow through detailed all of the planned student activities week by week. The document was always carried by the tutor during practice visits and the sheet was referred to on occasions when setting dates for sessions, setting student action plans and referring to dates of practice and coursework assessments. In one episode prior to action planning a student, Yvette had referred to the "flow through":

*...The link tutor then mentioned to the mentor the need to think about action planning the student in the short time the student had left on the placement. The tutor referred to the "flow through chart" to check on placement dates and contacted the University Placement Learning Unit for details of the student's placement allocation periods.*

Documentation involving the student's clinical document (PAD) was also important. The tutor made records about students during each visit, these were recorded in the PAD and on tutorial sheets before a practice report was emailed to the student's personal tutor and the rest of the practice team. During one action planning visit the link tutor mentioned:

*...Needing to write a report, so had documented all the feedback being provided by the mentor...*

The PAD document was used by students and mentors to record completion of practice learning outcomes and given out to students during the start of the academic year at practice preparation sessions. On one occasion a session was arranged for new first year students:

*... Jackie went through the student's assessment document all morning with a cohort of new first year students to ensure they understood the learning outcomes as well as introducing the students to practice learning requirements.*

Other important documents that were mentioned during field observations by the tutor were the Nursing and Midwifery Council Code of Professional Conduct (NMC, 2015) and local trust policy documents such as student sickness/absence reporting.

#### Theme four: Caught in the middle of two organisations

Several factors impacted on the role of the nurse link tutor as a consequence of working across two different organisations, the hospital trust and the university. In addition, the nurse link tutors had all mentioned the constant struggle to meet the demands of the dual role while working across two organisations. These factors were often related to tensions and conflicts between and within two different organisations, often the nurse link tutor was placed in the middle of this conflict. The nurse link tutors spoke about these concerns, which they considered outside of their sphere of control and caused them frustration. These concerned information sharing and email communications and conflicting views on dealing with serious incidents involving students. During one observation nurse link tutor Jackie mentioned concerns about dealing with a third year student that had already been "signed off" in practice but another mentor had raised later concerns about the student's ability in practice, the tutor mentioned:

*..."There were conflicting views from the university about the correct course of action and way of dealing with the incident".*

On one occasion Jackie was asked while they were in the trust, why third year final placement students had not received their theory grades and were they aware of the impact this would have on the student's job offers within the trust. The tutor offered to find out more but appeared powerless to do anything further. This episode does raise issues about the role of the nurse link tutor especially as they were employed as "link" nurses but they appeared not to be able to have the knowledge from the university or insight to be able to deal with these problems in the practice setting.

One of the nurse link tutors spoke about wanting to be present at meetings with students in placement to be able to:

*..."Ensure that the interests of the student were represented fairly".*

If issues were considered to be complex in Eliot Trust, it was believed that it was best to consider both a trust and university perspective. This suggested that the nurse link tutors had to deal with differing perspectives within the practice team and was not confident that the student would be treated according to assessment standards.



Lack of time to fulfil all the demands of the role and conflicting roles and responsibilities with the nurse link tutor's university commitments were also expressed as areas of tension working across the two organisations. Despite this, Jackie believed that:

*...The status of the link tutor was respected within the trust.*

The nurse link tutors took pride in their practice role, often being called upon to take part in committee groups and activities in the trust, despite their competing role demands and stresses. These were seen by the nurse link tutors as positive experiences and signs that the nurse link tutor was valued, credible and respected for their knowledge and skills but mentioned by Jackie as:

*...Part of "hidden aspects" of their role as link tutors.*

These "hidden" aspects of their role were reported positively by some of the nurse link tutors but had taken a long time to develop while working within the trust and were not universal experiences by all. The requirements of the nurse link tutor's role were completed mainly while they were in the trust despite a lack of physical space in the trust to call their own. When they worked in the trust there was no office or desk space to call a base, they did not have a computer or tablet to use to assist them in their role. The tools of their trade where: a mobile phone provided to them by the university, their own diaries, writing pads, "flow-through charts" and call cards used to inform mentors of contact details. The lack of a permanent space to work from and call their own in the trusts was accepted as part of the role.

## **Phase two themes**

In phase two a focus group took place some months following field-work. This involved the three link tutor participants from the first phase field work. The purpose was to share findings with participants from field-work to ascertain if they felt these were representative of their views, perceptions and role. In addition this was also an opportunity to gain a more detailed understanding of the role and explore ideas for strategies for role development in the future. Evidence will be presented from the phase two focus group. Themes are presented and then described in relation to the participants' views about the role of the link tutor from the focus group and

demonstrate that the participants shared very similar views. An overview of themes from phase two have been previously presented in Figure 10.

### **Theme one: Hidden aspects of the role**

This was the first theme in phase two and related to aspects of the role of the nurse link tutor that were not so obvious, requiring “teasing out” during the focus group but were seen by the nurse link tutors as important aspects of their role. Two sub-themes are presented as “hidden aspects” of the role; the first is “passion for practice”.

#### **Role sub-theme one: Passion for practice**

The first theme revealed a lot about how the nurse link tutors viewed their practice role and the importance they attached to it. All of the nurse link tutors in the focus group stated that it was necessary to have “*a passion for practice*” in order to be a nurse link tutor:

*...We are passionate about the role and are practice driven, as practitioners'... (Dawn, page 8).*

This was an interesting use of language to describe their role but they implied two important aspects of their role. Firstly, a strong appreciation of the importance of practice learning and secondly, they viewed their own role as important and necessary. There was a view though, that not all nursing lecturers outside of the practice team shared the same view or passion for the role:

*...As an "academic in practice" because we have talked about this passion that we have, not everyone has that passion and not every academic wants to be linked to practice'... (Yvette, page 28).*

There appeared to be a perception that those tutors who had chosen not to have a role in practice did so because they had lost an interest in practice or did not see the relevance or importance of practice for the role of a nursing lecturer. The nurse link tutors may have felt this was a way for them to maintain their own status and as a form of group cohesion and unity as nurse link tutors. There was a feeling that other senior lecturers in the faculty who did not have a practice role had become “*disconnected from practice*”, this concerned the nurse link tutors. It was interesting that on this occasion they referred to themselves as “academics in practice”, suggesting some confusion and disconnect with their role as nurse link tutors. This

may have been as they were struggling to fulfil the demands of the role, suggested by the fact there were very few of them who had a nurse link tutor practice role. Proposed new role changes were due to come into effect for all of the pre-registration adult team nurse lecturers who were soon required to take on a practice role in the future. This would increase the numbers of staff who would have a nurse link tutor role, but while this was a positive move it was also viewed with caution by the existing nurse link tutors:

*...My biggest concern is how do I inject my passion into all of these people who are coming into the role? (Dawn, page 11).*

One participant mentioned with shock that the nurse lecturers, who did not have a practice role, had *"no knowledge of the student's assessment document"* (PAD) even though as part of their role they were expected to support personal students throughout the duration of the programme.

As well as the PAD being important for them in their role, so too was the "flow through" document which enabled them to chart and plan student support activities. The participants related to the need for the document with humour:

*...I almost feel as if I am married to the flow through chart, if I just pop it under my pillow I would not be able to forget it'... (Dawn, page 6).*

*...It is a bit like your bible, do you not think?'... (Yvette, page 6).*

This was an interesting comment and revealed a lot about the role of the nurse link tutor being very driven and dependent on the processes in place to follow, such as the "flow through" chart. This made me start to question how much freedom and flexibility they had to develop the role themselves and what did they need to be able to function in the role. They identified several important issues. The first of these was their knowledge base and their use of *"tacit knowledge"* as well as the use of *"professional judgement"*:

*...a lot of this we do [participant is referring to the phase one mind mapped activities]...without us even knowing, without us thinking about it'... (Yvette, page 8).*

*...it is because we are experiential, we have learned over the years...I have always had some kind of link with practice so it has now become experience, I can walk into a situation and know intuitively whether I am going to action plan that student or if it is about supporting a student in a different way'... (Dawn, page 8).*

The topic of clinical credibility arose again with the nurse link tutors believing that they should be regarded as expert practitioners, needing to "*maintain a clinical credibility*" in order to carry out the role. The very fact that they were link tutors, they believed, offered them some clinical credibility because of the role in practice:

*...I believe that we all need to be clinically credible as well and that may be something that we need to inject into the new roles'... (Dawn, page 30).*

The participants also discussed maintaining a clinical focus in relation to the clinical speciality that they had previously worked and valued:

*...where my speciality lies would be a real pleasure and I would have to get my nails off [laughter - meaning false nails] and would enable me to be clinically credible and just remember where I came from and my roots and who I am serving'... (Dawn, page 30).*

On this occasion the nurse link tutor is suggesting needing and wanting to go back into practice to maintain credibility, but this may have been as a result of their desire to be able to make autonomous decisions. The nurse link tutors relished making autonomous decisions while in practice, using their professional judgement, but sometimes these decisions were difficult and they felt alone and under pressure:

*...when you go to see a student...it is very clear there are issues and problems you have to make that judgement and decision there and then...that is the thing about the role, you are kind of taking it in the moment...things can change so quickly and you are ending up with a totally different situation...you have to respond to that...you can never walk off from those areas without everyone knowing what they have to do and the plan...that is very stressful'... (Yvette, page 16).*

Despite wanting to make decisions and use their professional judgement, they expressed feeling that they were working alone in the role in order to make decisions and this brought stress and feelings of isolation in the role came across:

*I sometimes feel I am the middle-man, the sandwich between the two. I have the university on one side and the trusts on the other and the practice team in the middle" ... (Jackie, page 26).*

This highlights how very different the role was as a nurse link tutor, needing to work alone, responding very quickly to changing circumstances in the practice setting, and feeling professionally accountable for their decisions. In comparison the role of the nurse academic without a practice role, was seen as a more predictable role in the

university. In the focus group I asked participants to decide what the three most important aspects of their role were. I wanted to hear their views, they agreed:

*... The first thing that comes into my head is gatekeeper...this is linked more to quality"... (Another participant agrees)(Yvette, page 25).*

*... The first thing for me is support"... (Dawn, page 25).*

*The first is support, then quality standards, then gatekeeper, they are all linked"... (Jackie, page 25).*

There are several aspects of these views that are interesting in this theme. The first relates to their strong desire to stay connected to practice in some way through their nurse link tutor role and they imply that they need to go back to work in practice to maintain credibility, mentioning this as "*clinical credibility*". The second is their desire to have a credible role making a positive impact on student learning and maintaining education standards through their reference to a "*gatekeeper*" role.

The second aspect of the sub-theme of "*passion for practice*" was the need to be able to work flexibly in the role and responsive to the needs of students and mentors. The ability to work flexibly was a huge incentive to take on the role and favoured by the nurse link tutors but did have some disadvantages in relation to the demands expected of them. There also may have been some cultural expectations and requirements of the role in relation to working flexibly and being responsive and available in the practice setting:

*...You have to work flexibly when the students are working 24/7, 7 days a week...I said this role is probably time limited because how much it takes out of you, it is emotionally draining'... (Jackie, page 11).*

*...I am not afraid to say it I have been to the trust...at 6.00 in the morning, in the middle of the night, weekends, we have worked so flexibly you know'... (Dawn, page 11).*

Even though the link tutors discussed personal advantages of flexible working, they spoke about needing to see students and mentors out of hours and were prepared to continue to do this if necessary. This aspect of role flexibility was an area that they feared was poorly known and understood by other university colleagues:

*...People say to me you are so lucky you can just roll in at 9.00 and go home at 3.00...look at the times that the emails were sent it is not 9.00 to 3.00...I think they are going to have a shock when they have to come out into practice'... (Dawn, page 30).*

The nurse link tutors are referring to the Nurse Lecturers who did not have a practice role who as a result of a refocus of their role were shortly due to be allocated to practice teams. Team work was seen as an important part of their role and they related to the "passion for practice" as also wanting to work in a practice team which had strong team-working and support as essential elements to their role. This had been a finding from the first phase one of this study but was elaborated further:

*...I think team working is important as well as trust between colleagues that you work closely with...you can pick up a phone and sound off and have that trust'... (Yvette, page 27).*

*...We put something together a long time ago called the academic practice team and it was extraordinary...and still is...and we got exceptional from the NMC (referring to Nursing and Midwifery Council)...we need to refocus again and be proud of what we do and be strong again because we are all tired, jaded in this role'... (Jackie, page 21).*

The link tutors though were disappointed that the practice team was not "unified", it appeared they had not discussed this with each other or anyone else before. One of the participants' expressed this concern through a picture they had brought to the focus group when asked to bring something that represented their role. The picture depicted The Knights of the Round Table sitting around the table; a comparison was made with the lack of cohesion and team working currently experienced in the practice team and the desire to be able to work well together:

*...I went with the idea that this was the academic practice team as the knights of the round table...but the people are floating away from this table...I like the trusting relationship, shared vision which we have...it is the collective that makes us strong as a practice team, not as individuals...once we start disbanding and arguing amongst ourselves...we have started to turn on each other and need to be strong as a team otherwise the problems we have and battles we have against the trusts...we will not be able to fight those battles'... (Jackie, page 20).*

This experience suggested that they believed they were disappointed with the "academic practice team" from the university and there were conflicts that were not helping them or supporting them to deal with conflicts in the practice setting.

#### **Role sub-theme two: Emotional involvement in the role**

The second sub-theme of "hidden aspects of the role" was their "emotional involvement in the role". Dealing with stressful and emotional aspects of their work was expressed as one of the most difficult aspects of their role. The participants all

expressed differing degrees of emotional difficulties. Some talked about dealing with "emotive situations" in practice with students as part of their "pastoral care role" but all discussed the difficulties experienced detaching themselves from being emotionally involved with students and the seriousness of the situations they were dealing with in practice as a result of students off-loading personal problems:

*...They are very emotive issues...so how do we detach ourselves from the emotions that are going on, you know a student has been raped, attacked, lost a partner, how do we'... (Dawn, page 9).*

One of the participants likened the degree of emotional involvement in their practice role as working in a "palliative care environment"; this view was also supported by the other nurse link tutors:

*...You are the person the student has offloaded...you are the link to practice; you are the person that they have shared deep emotional issues'... (Dawn, page 9).*

*...All their (students) personal problems seem to come out...by the things they see and the lives they touch and the people they meet it seems to bring out all their personal problems'... (Jackie, page 9).*

*...It is very emotionally draining and I would say that the people working in the practice team...are emotional people, we are nurses, we are passionate about it all, we put everything into it and I see it being drained out of us at times and we need a break...need to offload...manage that emotional side of it'... (Jackie, pages 11-12).*

They all commented on the need for greater support in the role and being able to talk about how they felt to each other and practice team colleagues in the trust. The important role of the manager for support was also suggested:

*...The support is there, but for someone who has been through something within the health trust that I worked...I would not want to ever live that again, I needed more support with that'... (Yvette, page 23).*

*[Directed to participant 2]...I don't necessarily think the rest of the core team knew too much about it to support and help you'... (Jackie, page 23).*

*...The value is in the colleagues who will listen to your worries...support from my manager is very important...it is important that my manager is on the side with me because...in times of conflict you would be expecting your manager to be supporting you'... (Dawn, page 21 and 27).*

This discussion supports the fact that there were many emotional and stressful aspects of the role they had to deal with and that they all shared but that may not have been known by others outside or within their teams.

The link tutors all supported the idea that the students who they supported had developed a strong bond with the nurse link tutors, being seen as a "*friend*", a person that the student could confide in. They provided counselling support to the student and on return to university after placement:

*...Once there has been an issue in practice and we have shared deep emotional issues...there is a professional barrier there but...for the remainder of the course...they will come to me first, they will knock my door'... [Other participants agree] (Dawn, page 9 and 10).*

The nurse link tutors sought and valued this close relationship with students, viewing this close bond as a reward for doing a good job.

Other emotional aspects expressed were feelings of stress and strain as a result of combining a practice role with roles as senior lecturers. The role of module leader was difficult to combine as there were competing time commitment priorities, with the nurse link role taking the tutor out of the university. The nature of the practice role meant the need to react to unexpected situations requiring their input in practice, this unpredictability made it difficult to plan ahead, commit to regular teaching sessions and the demands of module leadership responsibilities. These pressures had been described by the participants as "*role conflicts*" and "*role strain*" with concerns now expressed about their ability to carry out their dual roles safely:

*...When you are doing those kind of hours back to back for a couple of weeks, I wonder whether you should be doing that safely, the role, I don't know'... (Dawn, page 17).*

*...When you look at this [referring to the mind maps], this is just part of our role on top of this we are module leaders and have other roles...compared to some of our colleagues who have not got the practice role and who are not module leaders...how have we done it, how have we not sunk?'... (Yvette, page 17).*

The last aspect in this theme of emotional involvement in the role was the perception by the participants that they had not been able to secure a "*good work/life balance*" in their working lives and this impacted on their own personal relationships and child care responsibility:



*... You are trying to balance everything all the time, work-life, the kids'... (Yvette, page 24).*

They discussed, with some amusement, receiving emails from staff and students outside of working hours, sometimes into the night and weekends. Sometimes they felt under pressure to deal with these emails as soon as they were received, so adding to the stress and strain they experienced:

*... Yes it has a massive impact on me...do you know that at 22.30 when I should be turning my light off and going to sleep, people are sending me emails related to practice'... (Jackie, page 32).*

One of the participants discussed a visual theme board they had created to show their role in practice. The pictures, the participant suggested, represented their role as a nurse link tutor and showed the chaotic and stressful aspects of the work associated with the role:

*...Everything is kind of exploding a lot of the time...there is always something that we are trying to deal with, that raises more questions all the time that we have to answer or sometimes have we got the answers...where do we go for them?'... (Yvette, page 24).*

Another participant shared poems found online, written by student nurses, believing these demonstrated the stress that nurses were working under in practice and suggesting the nurse link tutors' role was to support nurses:

*... Fundamentally you are a nurse giving fellow nurse guidance...it epitomises some more of the pastoral role that we do for students'... (Dawn, page 18).*

*... I was just thinking from our practice role that is something that we work very closely with because when they do raise something (referring to students) it is about their dissatisfaction with practice isn't it and what is not going so well"... (Yvette, page 18).*

The nurse link tutors all expressed a need to be able to discuss their role and the emotional effect it had on them as they expressed being unable to emotionally detach themselves from the issues with students that they had been dealing with.

### **Theme two: Relationships with others**

This theme was identified after the participants were asked to consider the factors they believed impacted on their role during the focus group. They all described experiences of how their role was perceived by others from within the university and the partner NHS Trusts. This was important as not all of the Senior Nurse Lecturers

had a practice role, some had opted specifically not to have a practice role and focus on a full time academic role in the university. The nurse link tutors explained:

*... Currently there are less staff doing the practice role, even though it is 50% practice and 50% theory, it is deemed less important and clearly must be an easier role"... (Jackie, page 13).*

*... The lack of understanding of the role...it exists outside of the university and within, not just at senior lecturer level but higher"... (Yvette, page 14).*

These comments support their perceptions that their colleagues and managers in the university, as well as Blake and Eliot Trust, had a low expectation and understanding of the role. This perceived lack of understanding of the role in both the trust and university may have influenced the clarity with which others understood the nurse link tutors role and responsibilities. This could have impacted on their working relationships with colleagues while trying to fulfil their role responsibilities. This may have been because the role activities took place away from the university and also because each of the nurse link tutors worked in differing ways and had established areas of clinical expertise within the role. On the whole the nurse link tutors were derogatory about what they believed were university staff perceptions of their group, feeling that they were largely *"taken for granted"*, the role was seen as *"less important"* within the university, as well as an *"easy role" and "low profile"*:

*...I do not think it has necessarily been seen by lots of other people as being as difficult as they realise'... (Jackie, page 12).*

*...Where the role is not understood therefore this can cause us conflicts because a decision needs to be made for practice'... (Yvette, page 14).*

The nurse link tutors mentioned what they described as *"external factors"* in the organisations they each worked, which they believed affected them in their role. Yvette from Blake team and Dawn from Eliot mentioned:

*...You start to become demoralised when you look at the external factors fighting against you...and you think it's no wonder you go through moments when you feel you cannot keep going on"... (Yvette, page 13).*

I was unsure what they meant by these *"external factors"* but they appeared to imply these were factors that were outside of their control, that affected how they experienced their role and what they could and could not achieve. For instance Dawn mentioned:

*...I remember going into the district nurses...they were having a tough time with massive organisational changes in terms of their structures and they could not cope with all the students we were sending to them...I was attacked almost but I could not resolve it...I left crying my eyes out and came back to find you guys to discuss it"... (Dawn, page 13).*

This discussion demonstrates the impact of factors within the placement areas that the nurse link tutors were required to deal with as part of their role. These issues affected student placements, but it appeared at the time were beyond their control to change. It also questions the value of the student allocation system if placement areas were unable to cope with the students allocated to them. It does demonstrate that they needed the support from each other to help find solutions to problems and to enable them to cope with this stress.

The link tutors were frustrated at not being invited to contribute to the Registered Nurse Management forums and meetings at the university where practice issues would have been discussed but that trust staff, such as the PPMs they worked with in both trusts had been invited. This made them feel less important and undervalued and potentially under informed as important issues affecting practice would have been decided. There was also a view that there was a resistance to take on the nurse link tutor role and it was a less favourable option for other academic staff.

The nurse link tutors highlighted important relationships that they had with their trust practice team and the partnership relationships between Blake and Eliot team and university. In the Eliot practice team this partnership relationship was good where team members met on a regular basis and discussed issues quite openly together, the nurse link tutors mentioning the importance of "*trust*" and "*respect*" for each other. In the Blake practice team the participant spoke of "*trust battles*" and team working relationships being difficult and unproductive which had affected the experience of the role and the ability to perform the role successfully:

*...Conflicts within the team, the partnership working was never very strong'... (Yvette, page 23).*

*...We have divided loyalties sometimes because we know what we want...for the students experience, our priority is the student...there is a lot of trying to manage both sets of people...difficult...you have got two very large animals...I am that middle person...the facilitator, the go between'... (Jackie, page 26).*

*...It can be a very them and us'... (Dawn, page 14).*

Yvette discussed an experience she had while working in Blake team where there had been conflict with the trust PPM. This was perceived as an organisational factor affecting the role. Yvette mentioned "*practice team away days*" which were organised by each of the practice teams and designed to bring the team together so that team working would be more effective, but this had the opposite effect as she explained:

*... When we have our practice team away days and we have PPMs there as well, like you say everyone is there and our biggest battle is the PPM, when you go to away days all the PPMs are there"...*(Yvette, page 21).

Yvette mentions further the effect that this conflict had on her and both Yvette and Jackie discuss the support they need in the role to deal with conflict:

*... You are made to feel as an "academic" that you have not done anything wrong, but we need to pacify the trust. When things go too far there is a right and a wrong and a process to follow"...* (Yvette, page 23).

*... In the trust team from that day to this even though I have asked for debriefing sessions, never has there been a facilitated thing for us to move forward"...* (Yvette, page 23).

*... We didn't know anything about it and we should have known everything about each other's trials and tribulations to be able to support you emotionally"...* (Jackie, page 23).

Failure to address the concerns from the university about the difficulties Yvette had experienced in Blake team and the relationship with a team member had highlighted how important team working and good relationships with team members were for the nurse link tutors. Yvette was angry and expressed concern that:

*... I have never had closure to the situation... what I had to go through was disgraceful and even to this day...the person in the trust has been moved... it was a difficult situation...it went back to following NMC Standards"...* (Yvette, page 24).

### **Theme three: Competing factors that impact on the role**

Competing factors impacted on the ability of the link tutor to perform the role. These came from the trusts and university and other organisational factors such as low staffing levels and changes in the trusts. One link tutor shared experiences of feeling powerless when confronted with angry mentors who did not have sufficient staffing levels or resources to support any further students, taking out their frustrations on the link tutor:

*...They were attacking in their approach...I could not give them any answers...I could not take those students out of that situation because there was nowhere for the students to go...I felt alone, so terribly alone...it was scary'... (Dawn, page 13).*

The link tutor may have felt a sense of betrayal from the mentors as there was a strong perception amongst the link tutors that they were still primarily nurses:

*...For me I looked at stress, work and leadership as I feel that my role is as a practice team member is a leader, so I went back to being a nurse'... (Dawn, page 25).*

The crisis of care standards in some NHS trusts (Mid-Staffordshire Public Inquiry, 2013) was seen by one of the link tutors to affect practice education, adding to the anxiety students experienced on placement. One of the link tutors had identified with this:

*...We are dealing with a very difficult time for nursing...it is a very stressful time for being a student nurse right now...when I look back on my own nurse training it was an absolute dream'... (Dawn, pages 18 and 19).*

The interpretation of professional standards of conduct and assessment was also cited as an area of concern that impacted on the role:

*...We are so driven by the standards because we have such an understanding of what is required compared to out in practice. If you sit mentors down and say tell me about the standards, they look at me blank, now they are assessing students against those standards'... (Yvette, pages 15).*

In relation to professional standards the link tutors all believed that they had an important "gatekeeper" role in practice which was linked to the monitoring and maintaining of quality and standards in practice:

*...You cannot get away from quality at the moment, it is about quality standards, support, gatekeeper, and they are all linked'... (Jackie, page 25).*

When prompted with the mind map information about their role from phase one, the link tutors mentioned their role conflicts and other areas of responsibility, that of "academic in practice" and module leader, as also impacting on the role.

#### **Theme four: The role in transition**

The nurse link tutors' role was about to undergo changes as a result of the decision within the new Faculty to ensure that all Senior Nurse Lecturers in the adult nursing

team had a practice role. There was apprehension and anxiety about the impact of these changes on their role and for the practice teams as there would be an influx of new nurse tutors into the placement areas. They had previously commented that these tutors had no understanding or desire for the role:

*...We were never consulted, there was no consideration on our part, and it were just you will do this and that was it'... (Dawn, page 14).*

The exact changes to the role had been left for practice teams to decide how best to use the additional staff:

*...The existing practice team members are now becoming the coordinators so that... role is going to pull us away from being out there because we have got the other ...developmental stuff'... (Yvette, page 12).*

The link tutors had mixed views and debated the positive and negative impacts. Some of the link tutors saw this as being an opportunity for them in their role, "enabling a new role focus as practice coordinators", allowing time to "step back" from practice, take time out and focus more on their own development needs and that of the teams. Others were cynical and wondered if the tutors coming into the role would have the required "passion for practice" and the commitment to practice learning as they considered a necessary part of the role:

*...Yes these people coming in are academics...not all of them want to do practice, the strength will come from the practice leads, and luckily they are passionate about the practice side'... (Jackie, page 21).*

*...Maybe that partnership working might improve you do not know, there is safety in numbers...there is going to be a lot of academics out there in practice'... (Yvette, page 11).*

*...I am hoping that those new ways of doing things is going to enable us as coordinators to stand back...in order to focus on relationship building and coping with the teams that we have'... (Dawn, page 10).*

This discussion suggests that the role of the current nurse link tutors was changing and this was met with mixed feelings for the role, some saw the changes as an opportunity for development, while some viewed this as threat to their role.

#### **Theme five: Role development**

The last theme was developed out of the consideration of what the role may need in order to develop in the future. It was difficult for the nurse link tutors to have any set

idea of their role as they were in a period of change and uncertainty but several important needs were identified for ensuring their role development.

Firstly, the need for support was seen as important and ideas such as building clinical supervision into the role as a supportive strategy. The need for emotional support was also suggested as part of this supportive theme, especially when they were faced with difficult relationships with colleagues in the trust practice team:

*...People could have some other support, I have noted things such as pastoral care, clinical supervision...managing the stresses and strains of life'... (Dawn, page 22).*

*...Something within the health economy that I worked in, that I would never want to live again, I needed more support'...it was never discussed in the team'... (Yvette, page 23).*

Secondly, the tutors felt that they should be more clinically credible and up to date; also they should be maintaining their clinical skills. Previously they had expressed they were more clinically credible as a result of the nurse link tutor role but colleagues who did not have a link tutor role were not clinically credible. Using their allocated self-managed study related activity time (SMSRA) for this purpose would be essential each year:

*...I believe we all need to be clinically credible as well and that may be something we need to inject into the new roles. I do not think that many of us in the practice team could be defined as clinically credible'... (Dawn, page 30).*

*...People should be shadowing, using SMSRA...I want those passionate people to stay in the role, it may be about up-skilling staff...more support...praise them more and help them feel, you know what, this is a very difficult role'... (Jackie, page 31).*

Thirdly, the need to review their development needs which they believed would help to reduce a perceived theory-practice gap in practice and help to improve partnership working with trust colleagues. Breaking down barriers that they perceived existed would be part of the improved partnership working relationships:

*...That is the barrier, that team working and partnership working'... (Yvette, page 10).*

*...One of the things I hope that the future of the practice team promotes is to close the theory practice gap'... (Dawn, page 31).*

*...I would really like for academic practice team members to be more involved in the hospital trusts, I count my trust as a very successful partnership...because I have been there for many years...I finally got enough trust from them to be allowed onto two different meetings...having so much more impact in practice...may help the theory practice gap a little'... (Jackie, page 32).*

The last need concerned *"raising the profile and understanding of the role"* within the university and with academic colleagues:

*...In a way the new role...may help us because it has taken a lot out of us...I do not think it has necessarily been seen by lots of other people as being as difficult as they realise...as there are less people doing the role it is deemed less important...the changes that are coming about with more tutors coming in...They will have to sample some of the difficulty...and raise the profile in a way'... (Jackie, pages 12-13).*

## Summary

Phase one of this study identified that the nurse link tutor role involved a range of supportive activities for students and mentors. While phase two explored the role further and identified role transition and development needs. Findings suggest certain aspects of the role are not so evident and hidden, in particular the emotions, feeling and role conflict experienced. The next chapter will explore these findings by presenting an interpretation from both study phases in order to gain further understanding of the role of the nurse link tutor.



## Chapter 5 Interpretation of study findings

### Introduction

In this chapter I have presented an interpretation of the study findings from both research phases. This interpretation will expand an understanding of the current role of the nurse link tutor and give new perspectives in relation to the study's research questions and aims. Symbolic Interactionism has been used as the main theoretical perspective throughout this study and in this interpretation of study findings. The guiding principles of symbolic interactionism relate well to this study as I have sought an understanding of the nurse link tutor role from the basis of the formation of meanings from their social behaviour (Blumer, 1969). Culture is ever-changing and dynamic; the insights gained from this study are applicable within the context-bound view of the role of the nurse link tutor role (Streubert and Carpenter, 2011).

Therefore, the important influence of the context or the overall situation (Leininger, 1997) in which the nurse link tutor performs their role, will be considered throughout this discussion. The final part of this chapter formulates a refocusing of the role in light of these interpretations.

### Application of social processes

"Generic social processes" are the "trans-situational elements of interaction" that focus our attention on the activities involved in the "doing" of human life which promote a "holistic approach" to understanding (Prus, 1996, p. 143). Within this interpretation of findings the focus will be on the application of "social processes" (Blumer, 1969, p. 12; Prus, 1996, p. 142) to highlight the "actualities" involved in accomplishing the nurse link tutor role. These have enabled me to connect with the "doing" (Prus, 1996, p. 142) and hence accomplishment of the link tutor role. One of the many challenges in the social sciences (Prus, 2010, p.496) is the ability to connect theory to "human group life". In an endeavour to overcome this, I have used five "social processes" (Prus, 1996) as an organising framework to capture essential features of group life, experiences and activities, which have enabled me to understand the perspectives of the nurse link tutor role. Social processes have been proposed as "key elements of people's involvement in situations" (Prus, 1987, p. 274) and have therefore been considered and applied in this interpretation of the nurse link tutor role and how they relate to the study's research questions. The

social processes and their application to the research questions in this study are illustrated in Table 9.

<b>Social processes</b>	<b>Research questions and application to social processes</b>
<b>Doing Activity</b>	Sub-question 1: What does the nurse link tutor do in their role? <ul style="list-style-type: none"> <li>• This social process will have relevancy for the activities the nurse link tutor performs in their supportive role function.</li> </ul>
<b>Achieving Identity</b>	Sub-question 2: How does the nurse link tutor carry out their role? <ul style="list-style-type: none"> <li>• This social process will consider how nurse link tutors perceive their role.</li> </ul>
<b>Being Involved</b>	Sub-question 2: How does the nurse link tutor carry out their role? <ul style="list-style-type: none"> <li>• This social process will consider the contribution that nurse link tutors make to practice learning?</li> </ul>
<b>Experiencing Relationships</b>	Sub-question 3: What factors impact on the role of the nurse link tutor? Sub-question 4: What are the complexities and challenges of the role of the nurse link tutor? <ul style="list-style-type: none"> <li>• This social process will consider relationships and their impact, within and outside of the practice team</li> </ul>
<b>Experiencing Emotionality</b>	Sub-question 3: What factors impact on the role of the nurse link tutor? Sub-question 4: What are the complexities and challenges of the role of the nurse link tutor? <ul style="list-style-type: none"> <li>• This social process will consider the emotion work carried out, emotional experiences and their relationship to an understanding of the nurse link tutor's role.</li> </ul>

Table 9: Social processes (Prus, 1996) and their relationship to the study research questions and understanding of the role of the nurse link tutor.

### **Application of social processes to an understanding of the link tutor role**

Five “social processes” (Blumer, 1969; Prus, 1996) were considered in this chapter and in the interpretation of the study findings in relation to the nurse link tutor role. These are depicted in Figure 11. Each social process has several associated sub-processes (Prus, 1996), these are discussed briefly at the start of the presentation of each social process and then further as part of the overall interpretation of the nurse link tutor role.

Within the discussion of each social process and how it relates to an understanding of the nurse link tutor role, the influence of the social context or environment is presented. This is considered in order to understand how this shapes the nurse link tutor role and their actions and interactions (Milliken and Schreiber, 2012). Cultural views, values and practices are influenced by and embedded within the

environmental setting (Leininger, 1997), these can influence how individuals act as well as constrain their behaviours (Benzies and Allen, 2001).

I now present each of the five social processes, as previously identified in Table 9 with their associated research question(s) and then explore these further as part of the study findings and interpretation of the nurse link tutor role.

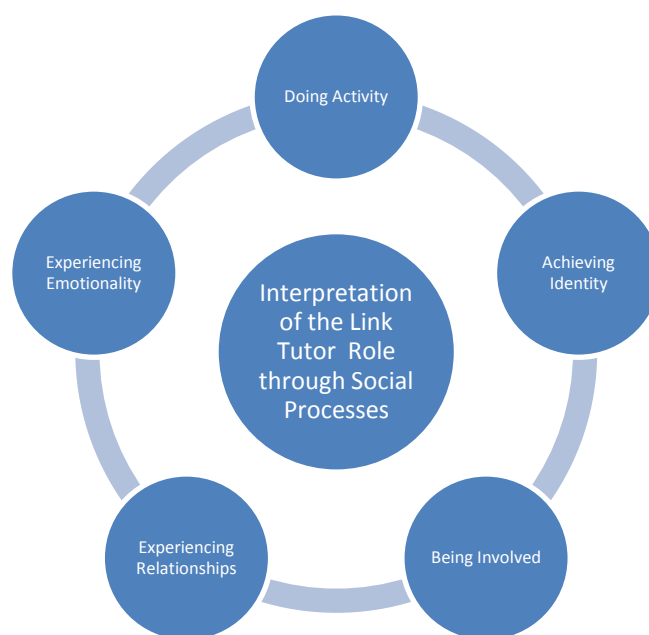


Figure 11: An interpretation of the nurse link tutor role using five social processes (adapted from Prus, 1996).

### **"Doing activity" - What does the nurse link tutor do in their role?**

Since activities will acquire their meaning relative to the perspectives and identities of the nurse link tutors (Prus, 1996, p. 156), this social process will consider the performance of role activities and the relevant sub-process of “dealing with ambiguity and obstacles” involved in the performance of these aspects of their role.

The nurse link tutor was found to engage in several forms of supportive role activities during phase one study findings; these were considered important and necessary in the performance of their role. Forms of support involved: facilitating support for students and mentors, responding to clinical practice concerns, interacting and relating to others in the practice setting, and allocating and preparing activities for students and mentors. These support activities were examined to determine their: purpose, characteristics and function, and determine how they related to each other. From this it was identified that there were three main functions that served to

organise all of the support activities and they were allocated to a category based on the function the activity provided. From this analysis three main functional categories emerged which were based on the participants' own language and perspectives of their supportive role with students. These were: "meeting the needs of the service", "keeping the student on track", and "fire-fighting", identified as a way of trouble shooting problems or concerns in the practice learning environment. These are depicted in Table 10. I found that the words used to describe the three functional categories had captured the language used by the nurse link tutors and forms of expression, so had acted as "sensitising concepts" (Blumer, 1969, p. 147) to enable me to explore and probe further lines of enquiry.

<b>Theme one phase one</b>	<b>Managing the day to day role of the nurse link tutor</b>		
	<b>Functional categories of supportive role activities</b>		
	<b>"Meeting the Needs of the Service"</b>	<b>"Keeping the Student on Track"</b>	<b>"Fire-Fighting Concerns"</b>
Purpose of the supportive role activities	Activities that are a requirement of the role in order to meet NHS Trust and university quality processes and partnership monitoring agreements	Activities that support students on placement in meeting learning outcomes and mentors in their role	Activities that require an immediate response to concerns about students from mentors, concerns about placement from students. Escalating of concerns type issues
Types of support activities that were an explicit part of the role	<ul style="list-style-type: none"> <li>Working with mentors, students, academic tutors and trust partners to provide support, evaluation of placement, mentor updates, student preparation sessions and contribute to the allocation of student placements</li> </ul>	<ul style="list-style-type: none"> <li>Providing student support sessions, meeting a student on placement, meeting a mentor and student to action plan a student</li> </ul>	<ul style="list-style-type: none"> <li>Working with a mentor to action plan a student</li> <li>Responding by visiting to a concern from a mentor or student</li> </ul>
Types of support activities that were a hidden part of the role	<ul style="list-style-type: none"> <li>Working flexibly - responding to situations out of hours</li> <li>Juggling a practice role and academic role</li> <li>Phone calls and emails in response to practice concerns raised by students,</li> </ul>	<ul style="list-style-type: none"> <li>Organising and booking rooms for support sessions</li> <li>Organising timetables for support sessions</li> <li>Following up students who did not attend support sessions and placement</li> </ul>	<ul style="list-style-type: none"> <li>Talking to students on the phone</li> <li>Phone calls and emails about students</li> <li>Report writing relating to student concerns in practice</li> <li>Reporting back to tutors, practice</li> </ul>

	practice staff and mentors about practice issues	<ul style="list-style-type: none"> <li>• Phone calls and emails</li> </ul>	facilitators and managers
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Table 10: Functional categories of the supportive practice role of the link tutor

The three functional categories identified were all related to actual phrases that the nurse link tutors had used during their interactions to describe their role and so were part of the cultural meaning system used by the nurse link tutor. Each phrase was found to be a symbolic form of communication (Charon, 2010; Blumer, 1969) that had been used to describe the main functions of their role and used as a label to denote the main activities that were important in their supportive role in practice. "Meeting the needs of the service", was a term used by the nurse link tutors during their interactions and consisted of the activities that were a required formal element of the nurse link tutor role in order to meet NHS Trust and University contractual agreements related to student support on practice placements. "Keeping the student on track", ensured students met, or were supported to meet, their practice learning outcomes while on placement. The third function, "fire-fighting concerns", required an immediate response from the nurse link tutor as a result of reported problems and concerns relating to students and mentors.

Support activities were found to be either explicit (distinct and easy to observe) or implicit (behind the scenes) in their performance. Support group meetings with students were explicit, while some aspects of the activities were not so evident and hidden away from view of others such as phone calls with students, emails to mentors and out of hour's visits to placement areas. The nurse link tutors had identified that many of the staff within the HEI were not aware of their role activities and purpose and hence this was a poorly understood aspect of their role in relation to support activities, as well as not so important or as visible as they wanted. This lack of visibility of their role would contribute to their perception that there was a lack of organisational understanding of the role and this concurs with the study by Carnwell, Baker, Bellis and Murray's (2007) which found a lack of understanding of the nurse link tutor role from the HEI and NHS Trust managers.

Despite both types of implicit and explicit forms of support activities, implicit or hidden activities were necessary to sustain the more explicit support activities, for instance after visiting a student on placement and completing an action plan these

activities required follow up phone calls, reports to write and communication with other nurse link tutors. Hidden activities would be difficult to scrutinise, time consuming and often had to be performed in the tutor's own time because of pressures on their working day. Despite this, these hidden activities were seen as necessary by the nurse link tutors but were not a visible part of their role, in this way adding to the demands and conflicts experienced of combining an academic and practice role. Both sets of support activities were important, the implicit or hidden activities sustained and supported the more explicit ones, but findings suggested that they did cause the role of the nurse link tutor to be complex due to the constant performance of a juggling of support activities to meet the three identified functions. In this study the nurse link tutors were identified as using both explicit and implicit activities as authentic, and required in order to meet the three functions of the support activities. This presented a picture of the reality of the role demands of the link tutor and their struggle to meet these demands.

This finding supports studies which have considered how nurses manage multiple roles. Findings suggest that the differing support role activities provided by the nurse link tutor highlight the multifaceted nature of the role which when they are all considered together result in them being a "jack of all trades". Findings suggest roles of: facilitator, supporter, problem solver, networker, counsellor, and their role preparing students for practice, all converged under the one umbrella of support role activities to students and staff. This concurs with Duffy and Watson's (2001, p. 553) study which identified a "role pattern" from the variety of roles that nurse link tutors performed in the practice placement setting. Duffy and Watson (2001) suggest that it is only when the true extent of the nurse link tutor's role has been identified can the role be developed further, this concurs with Lee's (1996, p. 1133) position, who suggested the need to define the role from the "nurse teachers' perceptions".

Ramage (2004) identified that the link tutor took on "multiple roles" as a way of becoming recognised and connecting with individuals as they had no clear role definition. Lack of a clearly defined role (Crotty, 1993; Clifford, 1993, 1996, 1999) is an important consideration in relation to the infrastructures to support and develop the role and consideration if any organisational lack of clarity affected the nurse link tutors' role. This would have contributed to findings that identified the nurse link tutors' experienced role conflicts and a lack of clarity of their role which impacted on

their other academic roles (Barrett, 2007). Grant et al., (2007, p. 34) in their review also conclude the "nurse teacher" role had developed over time from that of just teaching into teaching and supporting/ liaison between the university and the clinical areas.

An interpretation of the link tutor role as multifaceted and supportive, in the way the role is achieved and performed is the first social process of the "Doing Activity" as shown in Table 9. It is important to now consider the second social process "Achieving Identity" and to consider what professional identities the nurse link tutors related to when fulfilling their roles. The related research question asks: how do the nurse link tutors carry out their role?

#### **"Achieving identity" - The nurse link tutors' perspectives of their professional role: How does the nurse link tutor carry out their role?**

Identities are situated within a persons' perspective of the world and have been shown to be influenced by changing perspectives and interaction (Prus, 1996, p. 152). I have considered "Achieving Identity" and related this to the nurse link tutors' professional identity and how this influenced their role as well as the related sub-processes concerning the influence of others. Fagermoen's (1997) definition of professional identity is useful here as it relates to an understanding of the values and beliefs the individual holds that guides their thinking, actions and interaction.

All of the link tutors conveyed a shared meaning and understanding of their role through interaction (Craib, 1992, p. 87; Benzies and Allen, 2001), findings show from participants that one of their role requirements was a "passion for practice". Their concern that new staff coming into the role may not have had the same "passion", can be related to Spradley's (1979, p. 200) identification of "universal cultural themes" as a rich source of insight into a culture. Of these, "informal techniques of social control" (Spradley, 1979, p. 200), may have been a strategy used to ensure that new staff taking on the role conformed to their expectation of a "passion for practice" as a form of cultural norm or professional value. Spradley (1979) refers to cultural themes of "acquiring and maintaining status" and status symbols. In this study the link tutors status symbol was a devotion to their nursing practice and the "passion for practice" was symbolic (Porter, 1998; Charon, 2010)) of their role as nurse link tutors, contributing to their sense of identity as professional nurses. The

tacit protection of their practice role and their effort to achieve and maintain their status and professional standing as nurse educators was evident; findings suggested they were fearful of any changes to their role. They experienced uncertainty and fear for the future which had been caused by decisions made by the HEI organisation that the remaining Nurse Lecturers without a practice role in the adult nursing team would be allocated to support the five practice teams, a decision they did not feel involved in enough or felt they had any ability to influence.

Clifford (1993) found the main reason that nurses became nurse teachers was to make a positive influence to nursing practice as a nurse educator. In this study the nurse link tutor's described having a "gatekeeper role" and they explained this as an important role through which education standards were met in practice. As a result they felt their role enabled them to influence: the assessment decisions of mentors in practice and hence as a gatekeeper enabled students who had successfully completed their clinical practice learning outcomes to join the NMC Professional Register. This concurs with Duffy and Watson (2001, p. 555) who proposed the nurse link tutor was a "regulator", ensuring NMC professional body and assessment and learning standards were met by students in practice placements. Findings showed how the nurse link tutors had retained their professional identity as nurses and desired a "credible practice role" as nurse educators. As a result, they felt able to influence the maintenance of high education standards and through their support and guidance of students, influence the outcomes of patient care and safety in practice.

Through their role as nurse link tutors, findings suggest they worked with and supported mentor assessment decisions in practice, and reinforced education standards. Studies have found the importance of clinical nurse mentors as important role models and influential in student learning (Walsh, 2010; Aston and Hallam, 2011; Smith, 1992). These are important issues that relate directly to the new NMC education standards (NMC, 2018) and the proposed changes to mentoring as well as the support and assessment of students in practice (Leigh and Littlewood, 2018; Leigh and Roberts, 2017, 2018). Findings from Passmore and Chenery-Morris (2014, p. 96) suggested the value of collaborative learning approaches to student education between, "link lecturers" and mentors, also increased the "theory practice partnership". However, others have warned (Clark and Casey, 2016; Goodman,



2013; Godson, 2017) of the demands on mentors skills and expertise as a result of pressures from developments in health care and the need to support greater numbers of students, without protected time for mentors to support learning in practice. The role of "Academic Assessor" (NMC, 2018) would enable the nurse educator in practice to be more involved in students' achievements across theory and practice while working closely with the student's "Practice Assessor". The promotion of stronger "practice-education" partnerships (Leigh, 2014a), could contribute to a more credible role as desired in practice for the nurse link tutor.

The nurse link tutors' professional identity was evident in the "symbolic" values and meanings (Jeon, 2004) they attached while performing their role activities and in their interactions with others, this was demonstrated in findings when there was an emphasis on: practice teamwork, being able to communicate and collaborate with each other in the practice team, being supportive to each other, working autonomously, and holding high professional standards, these were all important to them in the performance of their role, providing them with a sense of professional identity and helping them to justify their role as nurse link tutors. This concurs with Fagermoen's study (1997) that used symbolic interactionism as a theoretical framework to investigate the values underlying nurses' professional identity as expressed in what was experienced as meaningful in their nursing practice. The nurse link tutors' professional identity was displayed as caring nurses in the core values (Burkitt, 2014) they held in their practice role of: the value of team-working, supportive working, and maintaining professional standards, these were understood as intrinsic to their concept of the nurse tutor role.

The nurse link tutors all perceived their role as guiding others and facilitating learning using their knowledge and skills but not as needing to carry out clinical care, as others have suggested is required (Carr, 2007; Elliott and Wall, 2008), although findings did suggest they desired to "connect" with practice by going back into practice for short periods. This was supported by Crotty (1993) in an exploration of the clinical role activities of nurse teachers, but the clinical role aspects of the nurse link tutor have been a source of debate. Previous studies had focused on identifying the clinical role activities of nurse teachers (Crotty, 1993), while others have contended it is ill-defined and contentious (Murphy, 2000; Lee, 1996). Some studies have debated the value of the nurse link tutor maintaining a practice clinical

credibility (Grant et al., 2007; Mitchell, 2005). While more recently within the new NMC education standards (NMC, 2018), HEIs together with practice learning partners have been tasked with ensuring that "Academic Assessors" "maintain relevant current knowledge and expertise" for the "programme outcomes they are assessing and confirming" and that all educators and assessors have the necessary "supported time and resources to enable them to fulfil their roles". HEIs and trust partners will need to work together to meet their local needs (Leigh and Roberts, 2017; 2018) and interpret standards and identify how "Academic Assessors" will maintain knowledge and expertise in areas of practice.

The nurse link tutors in this study displayed shared values and meanings of their role as nurse educators through being able to influence professional standards in the practice setting. They achieved this through the perspectives they shared of the value of mentorship and in their values of: practice team-work, supportive relationships within the team and their "passion for practice" was symbolic of their professional identity as nurse link tutors.

The next social process depicted in Table 9 is "Being Involved"; this will now be discussed as it is related to the research question asking: how the nurse link tutors carry out their role and what contribution do they make to practice learning?

#### **"Being involved" - Facilitators of practice learning: How does the nurse link tutor carry out their role?**

Through this social process I have considered the nurse link tutors participation in the practice setting and how this contributed to their role. The nurse link tutors used strategies to facilitate practice learning, for example through their use of reflective learning during student support and evaluation of practice sessions. They achieved more effective practice learning through their collaborative use of team-work and effective practice team communication. I now discuss the strategies they used to enhance practice learning as part of the nurse link tutor role.

The first strategy, working together in a practice team, contributed to improved learning opportunities for students as a result of the support provided by the practice team. In Eliot Trust practice team this involved joint working and decision making where they expressed the value of team-working and trust and respect for each other. In opposition in Blake Trust practice team there was team conflict and the

relationships with trust partners were not so effective, contributing to a perceived lack of respect and trust for each other and as a result they were unclear about each other's roles.

The symbolic interactionist perspective sees society as involving individuals engaging in "cooperative action" (Charon, 2010, p.154). However, there are five main processes that must occur for this to happen, identified as: ongoing communication, taking each other into account, recognising "congruent functional identities", a shared focus of attention, and shared and complementary goals. Without these, the interaction, and in this case the practice team work, would be ineffective, not achieve set goals, and individuals would act alone without consideration of others. Where team working was ineffective in Blake Trust these five processes for "cooperative action" (Charon, 2010) were not evident. Despite differing experiences of team-working identified in Blake and Eliot Trust, successful working of the practice team was found to be important to the nurse link tutors as it provided a protective role, providing relief from the identified emotional strains and conflicts they experienced as a result of their role demands.

The second strategy that contributed to student practice learning was the link tutor's use of their facilitation skills which they used to help students relate theory taught in the classroom with practice learning. They used available learning opportunities in practice, involving reflective practice, while they supported students as part of their role. This aspect of their role appeared to have replaced a "hands" on teaching role, evident in previous studies, to a role where they helped to develop and improve learning opportunities for students and mentors. This is similar to Smith and Gray's (2001) study which described a facilitator role for the link tutor in clinical practice, which involved helping to develop learning opportunities and promote the use of reflective activities to encourage the linking of theory with practice. Price et al., (2011) and Andrews et al., (2006) referred to instances of students providing positive feedback about clinical learning experiences when they had support from the nurse link tutors in the practice setting and they valued facilitative teaching and reflective discussions.

The last strategy involved the link tutor's use of practice team communication. The ability of the link tutor to be responsive to any practice related concerns raised by

students, mentors or trust staff was a prized achievement. Working in a way that they perceived was flexible and responsive to practice needs had taken time and effort as this had required the development of strong relationships in practice with trust staff, mentors and students. Responding to calls, texts or emails while they were engaged in their academic role in university was an accepted part of "juggling" the dual role between practice and academia. In this way they were able to provide an immediate and responsive source of support to students, mentors and trust staff. The link tutors perceived that their effectiveness depended on providing this responsive service and it was through their use of information sharing, liaison and communication, which they did together, that they felt able to influence the learning environment to promote student learning. These findings are consistent with the findings from the evidence synthesis of the nurse link tutor role interventions (Murphy, 2000; Duffy and Watson, 2001; Brown et al., 2005; O'Donovan, 2006; Andrews et al., 2006 and Carnwell et al., 2007), which all highlighted the nurse link tutors' role in supporting students' learning needs in practice. Murphy (2000) highlighted the value of the link tutor as a "resource person", while Duffy and Watson (2001) propose the importance of availability and approachability of the link tutor as a "networker".

The next social process is "Experiencing Relationships" as depicted in Table 9 asking: what are the factors that impact on the nurse link tutor role as well as the complexities and challenges of the role?

**"Experiencing relationships" - What factors impact on the role of the nurse link tutor?  
What are the complexities and challenges of the role?**

Relationships are an important part of group life and have been shown to imply associations people have with one another (Prus, 1996). Through this social process, I will consider the nurse link tutors' experiences of forming relationships with others they work with and this insight may help an understanding of their role.

The nurse link tutors all reported needing to negotiate frequent conflicts and tensions that occurred in relationships with trust partners and other academic tutors in the university. In the HEI, at the time of the study, most of the Senior Nurse Lecturers in the adult nursing team did not have a practice role, while others in the practice teams had proved difficult to work with; this was mainly, they perceived, as a result of a lack

of understanding and appreciation of their role. Differing team working relationships were evident in Blake and Eliot Trust, success stemmed, they believed, from practice team member's trust, respect and understanding of each other's roles. Although the trusts were very similar in size, as well as the clinical services they provided and the organisation of the practice team working, in Eliot Trust the nurse link tutors and other members of the practice team frequently spent time together, sharing information and consulting with one another. However, in Blake Trust the nurse link tutor worked on their own, carrying out support sessions and meeting with students alone with the nurse link tutor reporting tensions in the working relationships with trust partners. This was similar to a view held by Clarke, Gibb and Ramprogus (2003, p. 114) who believed in the advantages of the mutual respect of each other's roles, knowledge and organisations. This also concurs with a social symbolic interaction perspective (Charon, 2010) that values cooperation and the importance of each person playing an important part in the team, having a shared perspective of achieving goals.

One of the main difficulties expressed by the nurse link tutors in the performance of their role was the ability to work well across two different organisations: the NHS Trust and the HEI. Working across organisations affected relationships with trust staff when there were differing perspectives of how to deal with students causing concern and also fulfilling the demands of an academic and practice role when there were competing priorities that they experienced, associated with their roles. Working between two large, different organisations, the university and NHS Trust in this way was difficult owing to the differing cultural perspectives of the organisations and their associated hierarchies. Spradley (1979) refers to different "cultural scenes" and the necessity of learning the cultural language in order to understand people. Mead (Blumer, 1969) refers to the "shared perspective" and "generalized other" of the cultural group as a guide to the right behaviours and rules that allow individuals to communicate, interact and work together. The shared perspective would allow or make it difficult for the nurse link tutors to interact within a group that they were not a part. This highlights how difficult it is for link tutors to work across cultural groups in organisations and how this may affect the experience of their practice role.

Interactions and relationships with Blake Trust practice staff required careful handling owing to differing perspectives. In reality, staff from the NHS Trusts and

HEI depended on each other to carry out their roles, but in both trusts the nurse link tutors reported there were competing loyalties and priorities regarding how to manage failing students. Findings identified that the nurse link tutor responsibility was found to be: supporting students, ensuring assessment procedures and agreed protocols were followed, and that students were treated fairly. The differing opinions of how to deal with students causing concern in practice, often led to referral to senior staff, adding further complexity to these relationships. Ramage (2004) refers to link tutors negotiating multiple role relationships because of the lack of a role definition. Similarly, Clarke, Gibb and Ramprogus (2003) suggested there was considerable overlap between the roles of the trust practice placement facilitator and the nurse link tutor which caused role confusion and lack of understanding. While Leigh's (2014a, p. 124, 132) findings suggest there is "interplay of three valuing systems", the HEI, practice stakeholders and link tutor, that all contribute to the effectiveness of the role. Leigh (2014a), in the context of her case study research proposed the importance of the "practice-education partnership" sustains the "practice based learning" role of the nurse link tutor.

This finding is relevant and important when considering how the new NMC education standards (NMC, 2018) will be envisaged and the importance of the need for clear roles and responsibilities of staff involved in the support and assessment of students in clinical practice. This will enhance and contribute to effective partnership working, encouraging Trusts and HEIs to find innovative ways to work together.

Being a facilitator of practice learning was dependent on the nurse link tutor's ability to steer around a number of tensions as a result of trying to work between Eliot Trust, Blake Trust and the HEI. There would have been different cultural perspectives held by individuals within the Trusts and HEI, these required a flexible approach to deal with these issues and maintain good working relationships with Blake and Eliot Trust staff. In this study students had raised issues of a lack of supernumerary status, which required the nurse link tutors to speak with mentors and trust staff. Students had reported to the nurse link tutors a dissonance between what they were taught in university to what was practised on the wards and they were often used as "pairs of hands" on placement rather than students. This concurs with other studies identified that relate to the theory-practice "gap" in nursing (Gillespie and McFetridge, 2006, p.641) as well as the challenges relating to

mentorship and lack of mentorship time (Harrison-White and Owens, 2018); the need to protect the students' supernumerary status on placement (Gillespie and McFetridge, 2006) and the importance of developing effective working partnership relationships (Maslin-Prothero and Owen, 2001).

Constant negotiation of the nurse link tutor role contributed to a process of marginalisation where they felt unable to fulfil the dual roles of nurse link tutor and academic nurse tutor. The experience of nurse link tutors in a marginal situation concurs with Clarke, Gibb and Ramprogus (2003) and Ramage (2004). In addition, the marginal role caused the nurse link tutors to express stress and tensions from trying to work between the two organisations. This impacted on their professional identity and how they maintained acceptable images of themselves to others (Prus, 1996). Despite this, through the persistent way they worked with trust and academic staff, the nurse link tutors accommodated their role between the two organisations.

The last social process considered is "Experiencing Emotionality" as depicted in Table 9. This relates to the study research question asking: what are the factors that impact on the role of the nurse link tutor and well as the complexities and challenges?

#### **"Experiencing emotionality" - What factors impact on the role? What are the complexities and challenges of the nurse link tutor role?**

"Expressions of emotions and gestures are not inherently meaningful but rather reflect the social contexts in which people find themselves" (Prus, 1996, p. 174). Through a consideration of the social process of "emotionality" I have related this to an interpretive understanding of the role of the nurse link tutor. Appreciation of the cultural world of the nurse link tutor is essential to understanding these experiences (Prus, 1996).

The nurse link tutors were found to value being able to give what they called "pastoral support" to students. It was found that often the nurse link tutor was the first person that students had shared personal issues with, despite the availability of a mentor and personal tutor. Also, as a result of concerns being raised about a student, the nurse link tutor had discovered that the students' personal issues had contributed to problems in practice and the nurse link tutors had then supported students emotionally over a considerable period of time. Findings suggested that in

order to provide emotional support in this way, the nurse link tutors carried out "emotion work" and engaged in "emotion management" (Theodosius, 2006; 2008, p. 15).

Theodosius (2008) refers to three aspects of emotional labour in nursing: "therapeutic, instrumental and collegial" and uses Archer's (2000), theory of emotion, to show how emotion is connected to personal and social identity. In addition Theodosius (2008, p. 145, 147) uses Peplau's (Simpson, 1991) concept of the therapeutic relationship, to identify "therapeutic emotional labour". This is proposed is an "integral part of the therapeutic interpersonal function of nursing" and is carried out when nurses build therapeutic relationships with patients in order to promote their "psychological and emotional wellbeing". Theodosius' (2008) identification of "therapeutic emotional labour" in a nursing context has helped me to understand and interpret the emotion work carried out by the nurse link tutors in their supportive role with students and practitioners in practice. However "therapeutic emotional labour" has been proposed by Theodosius (2008, p. 169) as contentious because it is associated to the "Nightingale Ethic" and the "art of nursing" and has become marginalised, not seen as part of the 'science' of nursing.

In the context of the performance of the nurse link tutor role, situations or encounters experienced by the tutor's in their role that were likely to need an emotional response and promotion of psychological and emotional wellbeing of students and staff were evident in study findings. These situations involved the nurse link tutor providing support and guidance in practice to others and were evident in the reported study findings of experiences involving: supporting the failing student in practice and practice mentor who was trying to supervise and support the student; the student who was struggling to cope with her placement who was unwell and had personal problems; the ward manager who was struggling to support staff and the student after a drug error on her ward; the student who had not been offered a job. In addition, other incidents requiring the need for emotional support were: disputes between students and mentor, managing student's unprofessional behaviour, students experiencing personal or health problems. The advantage of the informal access that students and mentors had to the nurse link tutor through a practice mobile phone caused them to always be available for support, becoming a "sounding board" and a constant means of psychological and emotional support for students



and mentors. However, this had a serious effect on the nurse link tutors as the study findings demonstrated. They felt they had little opportunity to seek support and reflect on their role, resulting in the nurse link tutors experiencing feelings of a "burden they carried" and being unable to understand and rationalise their feelings as a result of the emotion work they were required to carry out. The nurse link tutors all articulated feelings of strain and conflict in how they felt about their role and anger at situations that they felt were not within their control in how the role was organised and managed. They articulated this through poetry and visual means in the study focus group, having suppressed their own feelings for a long time but within the focus group were able to express how they felt and that they did not have opportunity to discuss their role and feelings to each other and gain the support they felt they needed.

The emotional support they gave to students in practice through "therapeutic emotion work" was authentic and came from a "real" sense of self (Theodosius, 2008) as nurse link tutors. Engagement in "emotion work" increased the nurse link tutors' feelings of role satisfaction and meanings, and contributed to their nursing identity, ultimately helping to support and sustaining the emotional labour of students and practitioners they supported in practice. However, their emotional labour was hidden and unrecognised. The reasons for this should be considered in relation to the nursing emotional labour literature. Firstly, all of the five studies considered in the evidence synthesis of nursing emotional labour in this study (Smith, 1987, 1992; Bone, 1997, 2002; Staden, 1998; Bolton, 2000 and Theodosius, 2006, 2008) refer to the hidden, undervalued and marginalised nature of emotion work, and emotional labour in nursing. While James (1989) found a gender division of labour in how women's skills and labour were undervalued. Theodosius (2006; 2008) comments that emotional labour had become a marginalised skill as a result of organizational constraints and the low status of emotion work both within and outside nursing. Clearly, the emotion work and emotional labour of the nurse link tutors' concurs with findings from previous studies of nursing emotional labour.

The context in which emotional labour takes place is important (Theodosius, 2008). This has relevance for the nurse link tutors working in a marginal role between the HEI and NHS Trusts, where emotion work has previously not been recognised or considered an important part of nurse educators' roles. Organisational requirements

of the role directed the need to meet the three functional requirements of the role: meeting the needs of the service, keeping the student on track, and fire-fighting concerns, requiring the nurse link tutor to follow organisational processes of "the flow through", the students clinical document, the action plan, these were all important in relation to the operation of the role by the HEI. However, nurse link tutors are working within changing contexts, where universities are becoming "complex spaces" (Clegg, 2008), with a student body that is larger and more diverse than ever before (Ramsden, 2008). This will add to the complexities and challenges of the nurse link tutor role in practice in the future. It is also relevant to consider that Health Education England (HEE, 2018) has warned of the current need to support learners suffering from a rise in mental health related problems. This could inform the need to provide more emotional and psychological support to students in practice and this may affect nurse educator roles' in practice in the future.

Blumer's (1969) guiding premises relating to symbolic interactionism have relevance for understanding the "emotion work and emotional labour" provided by the nurse link tutors. The first of these is the meanings that the nurse link tutors attached to their "emotion work" and the need to support students emotionally, provided because they consider it was required and an important part of their nursing skills and values (Burkitt, 2014). In this way they responded to the situation in seeing a need to support students as they related to their professional nursing identity as well as nurse educators. A further relevant premise (Blumer, 1969; Benzies and Allen, 2001) is that individuals have a freedom of choice, but that may be restricted by "societal and cultural norms", in the situation of the nurse link tutors this was the "feeling rules" (Hochschild, 1979, 1983, 2012; Theodosius, 2008) that guided what emotions the nurse link tutors wanted to express and the degree of expression, according to their professional and social identity as nurses.

The combination of a stressful and demanding nurse link tutor role, and the burden they experienced of providing emotional support to students, required recognition of the impact and the personal costs to them in their role. Findings suggest that social support was available from immediate colleagues in the practice team and line managers but the nurse link tutors believed they needed more organisational support to fulfil their role and hence provide emotional labour. The participants in James' (1989) study identified the personal costs of being engaged in emotional labour and

the "gendered" nature of emotional labour which was unrecognised and devalued. The link tutors all engaged in emotion work and provided emotional labour, accepting this was a necessary part of their role. There are clear implications for the need to understand the challenges of the role of the nurse link tutor, recognising the value and impact that emotion work had for them when they engage in their supportive role in practice and the need to identify strategies to support nurse link tutors in their role.

### Refocusing the nurse link tutor role

In response to the study questions and aims which relates to a greater understanding of the role of the nurse link tutor, it can be seen from this study's findings that there are many factors that influence the link tutor's ability to perform their practice role. A conceptual framework depicting the influences on the practice role of the nurse link tutor and shown in Figure 1 (page 55) literature review, has been further developed in light of this study's findings to illustrate how influencing factors, within the meaning of the role, relate to each other.



Figure 12: A conceptual framework demonstrating the interrelationship of the influences on the practice role of the nurse link tutor from study findings.

In this framework there are three main layers of influence on the role as previously identified. Firstly, the outer layer represents the attributes as signifying meaning for the nurse link tutor in the way the role is currently performed and the challenges they face that have been highlighted in this study. Findings related to the nurse link tutors meanings of their role through their: passion for their practice role, practice team work, and how they related to professional standards. The second layer represents the organisational influences in relation to how the role is performed and experienced but this was influenced by their experiences of marginal role working. The third, inner layer relates to the four main core elements that constitute the role and a central component of the role within the framework being emotional labour. This framework illustrates further influences on the role of the nurse link tutor and the perspectives held by the nurse link tutors in this study and their relationship to the conditions under which the role is performed and experienced. It could be used in practice to help understanding of the impacts affecting the nurse link tutor's role which suggest the need to promote more supportive and conducive learning environments in which the nurse link tutor works. I will refer more to this model in conjunction with recommendations for role development needs, explored further in chapter 6.

## Summary

Using the theoretical perspective of symbolic interactionism and consideration of “social processes” (Blumer, 1969; Prus, 1996), it has been possible to focus attention on understanding the role of the nurse link tutor through the ongoing practices, interactions, perspectives and struggles they encounter while engaging in their role. The social processes that had the most significance were considered in this interpretation of findings of the nurse link tutor role, they relate to: “Doing Activities”, “Achieving Identities”, “Being Involved”, and “Experiencing Relationships” and “Emotionality” (Prus, 1996).

Central concepts have emerged concerning the nurse link tutors' meaning of their practice role and the conflicts they experience while carrying out their role. It has been identified they carry out "emotion work" and this is an important part of their

nursing identity in relation to providing support to others in practice, but the emotional labour they carried out remains hidden.

I refer to the context in which this study took place and suggest this is important in understanding the emotional labour of the nurse link tutors. I also refer to the new education standards (NMC, 2018) in this chapter and how the proposed innovative approaches to education and support can contribute to improved partnership relationships, but there is a need for a clear definition of the role and responsibilities for the nurse educator role in practice.

The final chapter will explore how this understanding of the nurse link tutor role could be used to identify requirements for the role in the future and makes recommendations for practice and research.

## **Chapter 6 Conclusion and recommendations**

### **Introduction**

This chapter starts by identifying how this ethnographic study has made a contribution to the body of academic and professional practice knowledge in relation to an understanding of the role of the nurse link tutor. Further to this contribution I make recommendations for future practice and research in the study HEI and relate further to the new NMC (2018) education standards. Recommendations are based upon the study research questions which sought an understanding of what the nurse link tutor does in their role, how they carry out the role and the factors that impact on the role. These recommendations have implications for the final research question, which I will explore by considering: what is required for the future role development needs of the link tutor in the study HEI?

I refer to the term "nurse educator in practice" in this chapter when relating to the future role of the nurse link tutor. Within the NMC (2018) education standards the term "Academic Assessor" will be used for the nurse educator role. The chapter concludes with a discussion of the strengths and limitations of this study and an account of my researcher reflexivity.

### **Contributions to knowledge and professional practice**

This focused ethnographic study offers a contribution to the body of academic and professional practice knowledge and has used in pursuit of knowledge a guiding framework of symbolic interactionism. Understanding and new insight has been developed in this study in relation to the role of the nurse link tutor within the practice learning community, hence advancing knowledge of the important role they have in supporting practice learning in undergraduate adult field pre-registration student nurses in practice. Symbolic interactionism focuses on the perspectives and understanding of the world from the individual, ultimately this "definition of the world", (Charon, 2010, P. 140) from the perspectives of the nurse link tutor, has contributed to an understanding of the factors that affect and influence their practice role. This study revealed previously unknown aspects of the nurse link tutors' practice role, in relation to how they support undergraduate, adult, pre-registration student nurses, identifying that they carry out emotion work in the course of engaging in the supportive aspects of their role in practice. Engagement in emotion work increases

the tutors' feelings of satisfaction and meaning they have for their role, and contributes to their nursing identity, ultimately helping to sustain the emotional labour of student nurses and other practitioners in practice that they support.

However, the demands of the nurse link tutors' role were found to be emotionally stressful, leading to the nurse link tutors over time becoming burdened by the feelings of stress and role conflicts they experienced and had previously been unable to express, resulting in a struggle to combine an academic and practice role. With few forms of peer and organisational support available which would have enabled them to express their feelings and emotions and better understand them, they are vulnerable to the effects of work-related stress and burnout and could be less effective in the performance of their roles in the future. Experiences of work related stress and burnout have been found to be prevalent in nursing roles (Chana, Kennedy and Chessell, 2015) and can affect the health and well-being of staff. It is therefore imperative to reduce this potential vulnerability for nurse link tutors by offering support and development opportunities while considering their future role in the practice learning community.

The support that nurse link tutor's gave to students in practice and the emotion work they provided were identified from the perspectives of the nurse link tutor as part of their role and nursing identity. However, emotions from dealing with difficult experiences in practice involving supporting students and feelings of role conflict and strain, were hidden, culminating in the therapeutic emotional labour (Theodosius, 2008) they provided being hidden, unrecognised and potentially devalued. The constant juggling to fulfil the demands of an academic and practice role, contributed to feelings of conflict and strain as evident from study findings, it was these aspects of their role as nurse link tutors that they found frustrating and dissatisfying.

The nurse link tutors nursing identity influenced the performance of their role and the emotion work they provided in order to support students and practitioners in practice. However, as previously argued, impacting on their perception of their role was the constant struggle to negotiate a link tutor role and academic role, between the two different organisations in which they worked, that of the hospital trust and the university. This resulted in a feeling of marginalisation of their role and experiencing

role conflict which contributed to their feeling of being undervalued and misunderstood.

In this study I have identified that nurse link tutors have a valuable role in clinical practice with opportunities to facilitate and enhance practice learning. This is in contrast to others (Carr, 2007; Elliott and Wall, 2008) who have questioned the practice role of the nurse link tutor. The study identified that nurse link tutors' perspectives support the value of collaborative teamwork with trust practice staff and the nurse link tutors' application of reflective learning opportunities in practice with students, helped students to link theoretical knowledge with practice experiences, contributing to a reduction of the academic theory-practice gap (Huston et al., 2018). As the ability to facilitate student practice learning was found to be dependent on the nurse link tutor forming and engaging with strong and trusting partnership working relationships with trust practice staff, this had a beneficial effect on student learning and the support they were able to provide to students and mentors.

My methodological contribution in this study provides a greater understanding of the role of the nurse link tutor from the perspectives and meanings of the nurse link tutors in this study. Their role has been found to be complex and there is little understanding and guidance available to them to enable nurse link tutors to develop their role. Insights from this study could contribute to identify how the role could be developed further and how the dual roles in academia and clinical practice could be combined successfully. This methodological contribution has been achieved through a focused ethnographic (Muecke, 1994) research approach which was enhanced by a consideration of the "emic" perspective of the nurse link tutors and a reflective "etic" perspective of the researcher (Fetterman, 2010). Data collection tools, previously discussed, using participant observations, informal interviews and a focus group, using practice based vignettes, helped to uncover the role and perspectives of the nurse link tutors. Five main aspects of the performance of the role have been identified, which I refer to as the core role of the nurse link tutor. These are shown in Figure 12 and will be discussed further in this chapter.

My theoretical contribution concerns a greater understanding of the role of the nurse link tutor from a symbolic interactionist (Charon, 2010) perspective. I have entered the world of the nurse link tutor in order to: see, observe, and understand the



processes (Schwandt, 1994; Prus, 1996) used to make sense of their role.

Understanding from this perspective has focused on how the nurse link tutors: carry out their roles, their feelings and meanings for the role, the way they interact with each other and others in the practice setting and has identified the supportive role they have in practice for students and practitioners in the course of performing their role. Symbolic interactionists view roles as shaped by the individual and learnt in interaction, they therefore can undergo a negotiation process (Charon, 2010) and while the role of the nurse link tutor can be defined by the individual, it can also be changed. This study has sought evidence to inform understanding of the role of the nurse link tutor from the perspectives of the participants and hence has identified a number of tensions and challenges involved in the current role. These are shown in Figure 12 which depicts the interrelationships of the influencing factors related to the practice role of the nurse link tutor. These factors are in nature: social, organisational and individual, and are evidenced from the findings in this study.

In order to develop the role and meet future practice requirements, as suggested by the NMC (2018) new standards for education and training for pre-registration nursing, I make recommendations for the need for local role evaluation and development of the role of the nurse link tutor in practice, taking account of the identified influences evident in this study. These recommendations will focus on the need to deliver practice learning in line with NMC standards (NMC, 2018).

A future nurse educator role in the practice setting within the study HEI is important and has been found to be necessary as evidenced from the findings, but only if they are supported to find ways to successfully combine an academic and practice role. It would also be beneficial for their development needs if the practice role of the nurse educator was enhanced. This could be through the support and delivery of innovative educational learning by the nurse educator to benefit student learning in the practice setting and so meet future practice learning needs as required by the new NMC (2018) standards.

It is evident from study findings that nurse link tutors need to be enabled to help them develop their nurse educator roles in practice. However, in order to do this they need help to address the complexities and challenges of their future role in practice; these will be discussed as part of the recommendations within this study.

The revised UK Quality Code for Higher Education (QAA, 2018) proposes principles that apply to higher education quality and standards. If core practices of a high-quality academic experience for all students are to be achieved where providers work in partnership with other organisations, the study HEI should have in place arrangements to ensure that standards are met and that student achievements are reliably assessed. Effective arrangements should focus on: organisational guidance to provide role clarity, role development and support needs, in addition to protected time into workload allocation (QAA, 2018) in order to help them deliver a high quality learning experience and assessment in practice for students, while working closely with practice learning partners.

I will now explore recommendations, building on the changes to the role of the nurse link tutor as proposed in the NMC (2018) standards for education and training for pre-registration nursing. Further, recommendations are proposed from study insights in relation to the nurse link tutors competing role demands and the need for support to enable them to engage in their practice role. I have discussed recommendations around the identified core role and the main factors that have been found to influence the practice role of the nurse link tutor, as identified in this study and illustrated in Figure 12.

### **Recommendations - Performing the role of the nurse link tutor**

The first part of these recommendations are focused on the identified core role of the nurse link tutor as evidenced from this study and depicted in Figure 12. The core role has five main aspects:

- Meeting the learning needs of the student
- Juggling an academic and practice role
- Engaging in a credible role
- Providing a supportive role to others in practice, and
- Carrying out emotional labour

I make recommendations for each of the identified aspects of the core role, as well as development opportunities and support mechanisms in order to meet the changes and challenges within the new education and training standards for pre-registration nursing (NMC, 2018). Within new NMC (2018) standards in relation to student supervision and assessment in practice, the emergence of a new role, the

"Academic Assessor" role, is proposed would be provided by the nurse educator in the study HEI with the need for a combined academic and practice nurse educator role.

#### **Meeting the learning needs of the student**

The roles of the "Academic Assessor", "Practice Assessor", as well as "Practice Supervisor" are proposed as part of new roles within the education standards for student supervision and assessment (NMC, 2018). The NMC (2018) state the new standards enable HEIs and practice learning partners more flexibility in their approach to supporting students learning but they must ensure ongoing support and training is available for practitioners to develop in their role (Duffy and Gillies, 2018). The roles and responsibilities of "Academic and Practice Assessors" (NMC, 2018), will involve the support and guidance for students in practice, according to the education programme, with more opportunities for closer partnership working (Duffy and Gillies, 2018) between HEI's and practice learning partners. Closer partnership working will develop in the way that the study HEI and practice learning partners work collaboratively together to develop the new roles in practice, as well as ensuring there are arrangements for effective student supervision and assessment in practice.

The new "Practice Assessor" (NMC, 2018) role and responsibilities involve conducting assessments and confirming student achievement for practice learning, while the "Academic Assessor" (NMC, 2018) has responsibility for: collating, evaluating, and confirming student achievement of proficiencies and making recommendations for student progression. In order to ensure robust student supervision and assessment, scheduled meetings should take place, enabling greater communication, collaboration and dialog between "Practice Assessor and Academic Assessor", with a review of student progress and progression (NMC, 2018) being required for each nominated student. A formative review could take place in the practice learning setting, with the student, at an arranged "formative review" (Passmore and Chenery-Morris, 2014), this would be in addition to a "summative review" at the end of the placement. This would enable "Academic Assessors and Practice Assessors" (NMC, 2018), opportunity to work closely together to: support, assess, and respond to the individual learning needs of the student in practice. This would also allow the "Academic Assessor" (NMC, 2018) the

ability to facilitate practice learning opportunities, according to student needs and greater involvement in practice in the planning of student learning and development. Closer working relationships would develop as a result of the increased need for dialog between the HEI and practice learning partners (Huston et al., 2018); this would be based upon students' needs, expectations, outcomes, and the ultimate goal of ensuring safe patient care. This partnership will be even more important as a result of the NMC (2018) proposed expansion of student placements such as in the social care, independent and voluntary sectors (Duffy and Gillies, 2018) and the innovative involvement of wider professions from the multi-professional team acting as student "Practice Supervisors" (NMC, 2018).

I found in this study that nurse link tutors valued the ability to communicate and collaborate within a strong practice team and this had the beneficial effect of promoting and contributing to student learning in practice, however, this was not a universal experience for all of the nurse link tutors. Identifying opportunities for greater partnership working such as through the development of new NMC roles (NMC, 2018) and how the roles will work together in practice, would help to reduce feelings of marginal role working between the HEI and practice learning organisation, as evidenced in this study and as one of the factors that influenced the nurse link tutors' perception of their role. The practice teams would be more effective if there were factors in place that encouraged teamwork (Day, 2006) such as the sharing and development of common, measurable goals that enable team members to monitor their progress towards goals. In addition, open team communications and sharing of information, with clear roles and responsibilities within the team. Opportunities for inter-professional education and training to develop the new NMC roles (NMC, 2018) would be of value given the recognition within the standards of the involvement of multi professionals from health and social care to support and supervise student learning in practice.

Responding effectively to the learning needs of students in practice would be enhanced if nurse educators in practice were encouraged to facilitate new practice learning opportunities for students in practice. Additional ways of delivering theoretical learning to pre-registration nurses as part of the nursing curriculum, that take place in the practice setting rather than in the study HEI could be developed. An opportunity for this exists within the new NMC education standards (NMC, 2018)

where there is a requirement that students' self-reflections contribute to, and are evidenced in assessments. Nurse educators as the "Academic Assessors" who are supporting busy clinicians acting as "Practice Supervisors and Assessors" (NMC, 2018), could be involved in facilitating student nurses to reflect on practice to facilitate practice learning, this would be enhanced by the nurse educator "Academic Assessor" (NMC, 2018) facilitating reflective practice learning sessions in the practice setting, encouraging the use of: reflective models and frameworks (Jasper, 2003), reflective diaries (Harvey and Uren, 2019) and reflective journaling, using these as tools for learning (Bjerkvik and Hilli, 2019). Reflective models that encourage reflection-on-action for clinical practice learning (Barksby et al., 2015), could be used to support the need to assess students' reflections within the new NMC education standards (NMC, 2018). Reflective practice and writing (Wood, 2018; Bjerkvik and Hilli, 2019) have been found to support critical thinking skills, the delivery of high-quality nursing care as well as emotional support and reduce the gap that exists between research knowledge and translating evidence into practice (Gardner et al., 2016; Huston et al., 2018). The development of practice learning methods such as the use of critical incident analysis (Jasper, 2013), led by a "Academic Assessor" (NMC, 2018), would encourage students to reflect on practice experiences in order to learn more about their feelings, behaviours and attitudes, as well as offering students insight into emotional labour and its value and importance and being able to manage feelings.

The promotion of educational strategies would help to bridge and address the theory-practice gap in nursing (Huston et al., 2018; Rolfe, Freshwater and Jasper, 2001). Strategies such as: the promotion of learner-centred, active approaches to learning in practice, in which nurse educators are able to inspire and promote learning and share in student learning with clinicians, should be encouraged (Huston et al., 2018), such a collaboration has been referred to by Huston et al., (2018, p. 32) as a "academic service partnerships" (Beal et al., 2012). "Academic service partnerships" (Huston et al., 2018) have been found to promote student learning and practice competencies and could be employed more by the study HEI and practice learning partners to specifically develop and support the new NMC (2018) roles. Developing collaborative relationships in practice that focus on the application of research and evidence-based practice in the form of "nursing journal clubs" (Gardner

et al., 2016), facilitated by the nurse educator in practice, could be developed with the involvement of practice clinicians from within the practice learning partnership. Adopting a strategy in the practice setting that focuses more on the role of the nurse educator in student learning and involves and values the contribution of clinical practitioners would benefit student learning in relation to the development of evidence based practice.

Engaging all nurse educators to facilitate teaching and learning group sessions in the practice setting, using their specific areas of nursing and educator expertise much more, would be beneficial for student learning and improve how the nurse educator relates to their practice role and uses their expertise . This should be encouraged by the HEI in this study as part of the future "Academic Assessor role" (NMC, 2018) and would contribute towards ensuring there was a defined nursing educator role for the "Academic Assessor" (NMC, 2018) in practice, as a lack of role clarity was identified as one of the influencing factors affecting the professional role identity of the nurse link tutor in this study. This more focused learning and teaching role for the "Academic Assessor" (NMC, 2018), combined with the expertise of other experienced practitioners in the practice learning setting, should promote more collaborative learning and teaching with practice learning partners. The role of the HEI within this study will be discussed further in this chapter as this was one of the organisational factors that contributed to a lack of clarity of the nurse link tutor role.

#### **Juggling an academic and practice role**

Managing a practice and academic role caused conflict and the emotional impacts of a practice role were highlighted in this study as some of the influential factors in the nurse link tutors experience of their role. It has been proposed here that the involvement of the nurse educator in practice settings is important but only if they are supported to combine a challenging practice and academic role. Role development and the need to sustain a relevant role for the nurse educator within a strong "practice-education partnership" have been proposed (Leigh, 2014a, p.133; Beal et al., 2012; Huston et al., 2018), but success criteria are proposed as dependent on the development of collaborative relationships and leadership skills. The development of greater clinical leadership skills would help to develop effective collaborative partnership working and would help nurse educators to enhance their role in practice as "Academic Assessors" and be better equipped to work with

practitioners and other professionals to achieve the NMC (2018) new education standards. However, there are some significant current limitations that would need to be overcome, such as organisational factors found in this study that the nurse link tutors perceived restricted their role. These factors were identified as: a lack of understanding of the role and the invisibility of the role at an organisational level, both within the study HEI and practice learning organisation. This contributed to the difficulties associated with the constant need to juggle academic and practice roles and hence the perceptions of the nurse link tutors of their role as feelings of role conflict and frustration.

The future nurse educators in practice have an important clinical leadership role in articulating to others, who they work with, the value, importance and understanding of their role and therefore increasing the credibility of their future role in the practice learning community. This will be especially important in order to build relationships with practice learning partners, agree common goals and outcomes as well as creating positive practice learning environments for students.

In order to continue to meet future higher education teaching requirements and the quality of the student experience, it will be important for the HEI and practice learning partners to recognise and manage the increased range of student expectations (Ramsden, 2008), especially in practice. These have arisen as a result of the greater diversity of students who are studying nursing in higher education, such as those with caring responsibilities and whose first language is not English. Expectations of around the clock availability of staff, support services and facilities in higher education (Ramsden, 2008), as well as the need to attend to the student experience and the quality of teaching, will pose important considerations in deciding what the practice role of the nurse educator will consist of in the future.

Opportunities for nurse educators in practice to develop clinical leadership skills, such as those highlighted by the NHS Leadership Qualities Framework (NHS III, 2005) and more recently leadership behaviours in the NHS Healthcare Leadership Model (NHS Leadership Academy, 2013), these require competencies of: collaborative working, influencing and leading change in practice, as well as being able to discuss and reflect on their practice role, and more able to exchange constructive feedback with each other. This would help them in their professional

development and feeling more empowered, less marginalised (Barr and Dowding, 2012) and confident in their role. Transformational leadership (Barr and Dowding, 2012) skills would be important to working in practice teams where there may be many differing professionals involved in student supervision and assessment as directed in the new NMC (2018) education standards. These skills involve the ability to motivate and empower others to perform by encouraging a vision of high quality student supervision and assessment in practice.

Developing opportunities to meet and interact with supportive colleagues would help to develop a sense of "connectedness or belonging" (Wenger, 1998, p. 175) between members in the group and through participation in the group to develop a "Community of Practice" (Wenger, 1998, p. 45). Wenger (1998) argues that practice influences identity because it is produced as a "lived experience of participation in specific communities" (Egan and Jaye, 2009, p. 114). The nurse link tutors' professional identity was evident in this study by the "symbolic" values and meanings (Jeon, 2004) they attached to their role activities and in their interactions with others, this was demonstrated in their emphasis on: practice teamwork, being able to communicate and collaborate with each other in the practice team, being supportive to each other, working autonomously, and holding high professional standards, these were all found to be important to them in the performance of their role, providing them with a sense of professional identity.

In the study HEI, opportunities to develop these support networks, should be identified and implemented for the development of the role of the "Academic Assessor" (NMC, 2018) and further in the on-going support they will need to perform their role in the future. Currently support networks and opportunities are not available to nurse link tutors to enable them to meet together, to discuss and reflect on their practice role, the challenges they face emotionally, as well as identifying ways to develop their role in the future. Peer support through mentoring new staff who become "Academic Assessors" (NMC, 2018) and ways of supporting staff through clinical supervision, should be considered by the HEI. Clinical supervision is a formal process of professional support and learning (Wagstaff and Woodcock-Dennis, 2018) and would support the CQC (2013) guidance of the need and benefits of helping staff to manage work-related personal and professional demands through the ability to explore their work role. The complex and stressful nature of the nurse



link tutor role, as demonstrated in this study, involving emotional demands and role conflicts, would be helped by the “restorative” function of clinical supervision (Cassedy, 2010, p. 12). This would help to balance these demands, preventing stress and burnout by providing opportunities to reflect on practice. Group or peer support forms of clinical supervision (Driscoll, 2000) could be set up on a regular basis and further facilitated by the study HEI.

Encouraging the involvement of practice learning partners in developing peer mentoring and clinical supervision would contribute to enhancing the "academic-service partnership" (Huston, 2018) relationships and a sense of greater collaborative working and understanding of the new roles of "Practice Supervisor, Practice Assessor and Academic Assessor" (NMC, 2018). It is proposed that "Academic Assessors and Practice Assessors" (NMC, 2018) will need support and training from HEIs and practice learning partners in order to be able to reflect and develop in their role (NMC, 2018) and equip staff to manage the growing diverse body of students (Ramsden, 2018). The development of clinical supervision would need staff workload protected time (QAA, 2018) and would contribute to the benefit of the study HEI and practice learning partner, as the “normative” function of clinical supervision (Cassedy, 2010, p. 13). This function contributes to safeguarding standards of practice and professional accountability, ultimately contributing to a greater role satisfaction for nurse educators in practice and enhancing a supportive working culture within the study HEI. An additional benefit would be the building of supportive relationships by the potential involvement of practice learning partners.

Further development of the role of "Academic Assessor" (NMC, 2018) will not be possible, as argued before, until there is an understanding and clarity of their role and the part they should play in the practice learning community in meeting the practice learning needs of adult pre-registration nurses. The role of the nurse link tutor was found to be challenging in this study, especially when combined with an academic role, evident in this study the nurse link tutors experienced conflict between their practice and academic roles and marginalisation when working between two organisations. In order to better prepare nurse educators to be "Academic Assessors" (NMC, 2018), preparation and induction programmes for staff (Barr and Dowding, 2012, p. 218) could be held in the study HEI for new staff taking on this role in practice in the future. In addition, opportunities within the HEI should

be encouraged that celebrate good practice through greater networking (Hewitt-Taylor, 2015) and opportunities for writing for publication and participation at conferences. Research outputs within the HEI should encourage and support more practice related research and teaching and joint research projects between nurse educators and practice staff. This would help to meet the research excellence agenda (REF, 2014) and help to raise the profile and visibility of nurse educators who have a practice role.

### **Engaging in a credible role**

Spradley (1979, p. 201) refers to the need for the ethnographer to look for "universal cultural themes" as these are the larger relationships among domains and suggests that understanding the symbols used by people to acquire and maintain their status is important in a culture. In this study the nurse link tutors all sought a credible role in the way they performed the role and the meanings they attached to their practice role. Communities of Practice (CoP) are groups of people who have a common concern or a passion for a thing they do which they learn how to do better as they interact together (Wenger, 2006). Wenger's model of Communities of Practice (CoP) could be used as a supportive framework to help the future role of the "Academic Assessor" (NMC, 2018) within the practice learning community and in their need for a feeling of connection with their role in their community of practice. Membership and interaction within a work group becomes a place through which individuals make and share meanings of their work through common understandings and expectations and therefore manage their identities (Allen and Pilnick, 2007; Charon, 2010). As evident in this study the nurse link tutors all shared a common understanding of a "passion for practice", which was found to be symbolic (Porter, 1998; Charon, 2010) of their roles and contributed to professional identity.

However critiques of "communities of practice" (Wenger, 1998) have suggested that in reality it has been viewed as a simplistic answer to a complex issue (Andrew, Tolson and Ferguson, 2008) and according to Day (2006) there is the possibility that practices could stagnate in communities where there is a lack of innovation and new ideas and so practice will not be advanced. This could be overcome by encouraging the involvement of new staff from the HEI who become "Academic Assessors" (NMC, 2018) to join and interact within the CoP and encouraging more focus on how the CoP can contribute to the promotion of innovations and the quality of practice

education, especially in the way students are supported and in the current imperative to engage with students as partners (Ramsden, 2008).

Communities of Practice have been shown to have value in allowing members to explore the "pedagogical underpinning of practice", share tacit knowledge (Andrew et al., 2009, p. 609) and the development of professional identity (Andrew, Tolson and Ferguson, 2008; Duffy, 2013). In order to achieve this Andrew et al., (2009) created and implemented a pilot project involving an international online CoP (iCoP) for novice nurse academics which explored their transition from practice to education and their perceived feelings of a loss of clinical expertise. A CoP could enable "Academic Assessors" (NMC, 2018) to engage together to develop their practice role, helping to provide support for each other, especially new nurse educators, as well as learning and development opportunities. Participation in the CoP may also provide a greater sense of professional identity and a feeling of being valued as a nurse educator; consequently this could stimulate increased role satisfaction.

#### **Engaging in a supportive role - carrying out emotional labour**

The support that nurse link tutor's gave to students and practitioners in practice and the emotion work they provided were evident in this study but they experienced feelings that carried a "burden" and role conflict and strain. With little peer and organisational support for them in the role and opportunity to express their feelings and emotions, they were vulnerable to the effects of work-related stress and burnout (Wood, 2018), potentially becoming less effective in the future in the performance of their roles. It is necessary to reduce this potential vulnerability to stress and burnout by offering the proposed support and development opportunities, and helping to develop "emotional resilience" (Wagstaff and Woodcock-Dennis, 2018, p. 99).

Resilience is defined as the "ability to maintain personal and professional wellbeing in the face of on-going work stress and adversity" and has been found to involve the interactions of individual and contextual factors (McCann et al., 2013), these factors involve personal characteristics, such as being able to maintain an effective work-life balance, and contextual factors include peer support as well as cultural factors involving the professional discipline. Attending to emotional self-care through resilience-building strategies (Delgado et al., 2017), such as mentoring and organisational support, would enable nurse educators to be better able to deal with workplace stress and promote their well-being.

Nursing programme standards (NMC, 2018, p. 2) suggest that in order for registered nurses to "respond to the demands of future professional nursing practice"; they must be "emotionally intelligent and resilient" individuals. Freshwater and Stickley (2004, p. 96) propose that emotional intelligence is at the "heart of learning to care" for oneself and others. Educational strategies to learn emotion management and self-awareness skills are supported by Theodosius (2008, p. 219) who proposes that "emotional labour skills" should be taught to student nurses, fostering the development of "reflective practitioners". Skills identified of the emotional labourer involve: being responsive to the needs of others by understanding and interpreting needs, being able to provide a personal response to these needs, juggling the balance of each individual as well as the group, and pacing the work with other responsibilities (James, 1989, p. 26). This would ensure that nurses understand and acknowledge their emotions and how they could manage and use them as part of their nursing role.

There is a need to ensure that emotion work and emotional labour are visible, valued and understood by staff and nursing students within the adult pre-registration nursing team in the study HEI. The inability to explain and communicate emotion work to others was proposed as a reason why it remains invisible (Staden, 1998). Therefore this could be addressed by ensuring there is a way to raise the profile of the work that nurse educators in practice are engaged, by conference attendance and publications. It should not be a hidden aspect of a professional role but viewed as a valued part of twenty-first century nursing practice. Ensuring that there is awareness and understanding of emotional labour and it is integrated within the nursing curriculum in the study HEI. This would ensure that it was part of achieving the new NMC (2018) programme standards of proficiency, this is proposed is essential so that care is compassionate and person-centred, and that the nurses of the future learn the importance of emotional labour.

### **Recommendations - Organisational**

Impacting on the nurse link tutors' perception of their role was the constant struggle to combine a practice and academic role between the two different organisations in which they worked that of the NHS Trust and study HEI. The practice role of the nurse educator has been found to be complex as evident in this study and there is a current need for support and guidance from the study HEI to enable the successful

implementation of the new "Academic Assessor" (NMC, 2018) role in practice. There is therefore an increased need for an understanding and clarity of the role of the nurse educator in practice, as evidenced from the nurse link tutors in this study, in order to move forward and develop the role of the "Academic Assessor" role within the practice learning community.

This study has identified that organisational factors influenced the experience of the nurse link tutor role and there is an interrelationship of these influences on the role of the nurse link tutor and their ability to perform the role. These factors were related to: expectations of how a practice and academic role could be combined, the availability of resources to help the role, collaborative partnership relationships and organisational support to fulfil the nurse link tutor role. In the future, infrastructures within the HEI should provide positive "organisational conditions" to support and develop the future role of the "Academic Assessor" in their role in practice. These conditions should promote leadership and direction from managers in both NHS Trusts and the HEI for guidance to help manage the role, especially to combine an academic and practice role and ensure the role and responsibilities are clear, measured and monitored. In order to help this, outcome measures should be set by the partnership so that the role could be measured to demonstrate effectiveness and ensure it has credibility.

I now will reflect on my experiences of completing this study.

### **Reflexivity**

My initial insights and experiences of the nurse link tutor role as well as a lack of an evidence base were the driving forces to conduct this study. As findings emerged I understood more why it had been important for me to conduct and complete this study and hence contribute to understanding and developing the role. The process of "transference" (Theodosius, 2008, p. 139) in this case of emotion and feelings, had unconsciously been projected during the relationship I had with nurse link tutor participants, whereby through reflexivity I had identified with aspects of my past role as a nurse link tutor that were displayed in descriptions of their feelings and experiences. In this way I felt better able to relate to the perspectives of the link tutors in this study.

The learning I have gained from writing a research thesis has been a very satisfying and rewarding experience, but also demanding. Throughout the process of conducting this study I have learnt a lot about myself, my motivations, the research process and it has challenged my skills of academic writing and reflexivity. I have also experienced being a student and being on the "receiving end". This is essential, I propose, to my nurse educator role and to appreciate the challenges of the learning process. My determination to focus on completing this study, to the best of my abilities and contribute to nursing education research has been my strength. The mark I would be most proud of is if I could use this knowledge and insight to help and support students and colleagues that I work with.

While the experience of writing a thesis has been mainly positive there have been challenges. I have felt a sense of frustration at the length of time it has taken to write and complete this study with periods where I was able to write without any interruption and flow of ideas but then needing to stop to go back to my full time role as a senior lecturer and other roles as a mother, wife and daughter. The experience of struggling to gain access to a trust study site and lack of support from trust gatekeepers were reminders to me of the sensitivities involved in research and the importance of relationships with participants, ultimately as a researcher you are dependent on these to complete your study. This made me more aware of the effect of my presence within the field, the need for sensitivity in how a researcher deals with responses from participants and the need to invest time to create trusting relationships. This would enable me to learn more about the culture under investigation, enhancing the trustworthiness of the study.

### **Strengths and limitations of this study**

The primary focus of this study was on a detailed understanding of the role of the nurse link tutor. This understanding of the role lacked an evidence base and a lack of clarity of role activities. The small size of the sample of study participants could be viewed as both a strength and limitation. The strength was the depth of understanding of the role achieved by the contextualisation of the study participants within their practice working environment which was enhanced by my knowledge of the field of study and trusting relationships with participants. A focused ethnographic approach (Roper and Shapira, 2000) enabled insight into the nature of the role of the nurse link tutor who supports adult nursing students. These insights have value and

the ability for transferability to other nurse link tutors within the HEI and now to the need to plan carefully for new roles within both the study HEI and Trust. The intention is that "inferences" (O'Reilly, 2012, p. 225) could be made for another group of nurse link tutors and this understanding of the emotionally charged aspects of their role could be applied to other similar groups, other fields of nursing and settings in order to identify trends or draw conclusions about roles.

A particular strength of ethnographic research is the inclusion and importance of both the: emic perspective (Roper and Shapira, 2000; Fetterman, 2010), in this study through data collection methods involving, participant observation, informal interviews and a focus group. In addition, the etic insight gained from the researcher (Fetterman, 2010), which enhanced understanding of the role and contributed to the cultural findings and interpretation.

I was able to ensure trustworthiness of the study by a number of criteria used to enhance the quality of data. Credibility (Creswell, 1998) was enhanced by participants having opportunity to confirm or challenge findings at the end of the first phase of data collection relating to validating perspectives of their role. While confirmability was strengthened by the inclusion of researcher reflexivity, which examined and challenged beliefs, assumptions and possible bias, making these influences transparent. The "iterative-inductive" nature of the study (O'Reilly, 2012, p. 30) allowed the researcher to refine questions and lines of enquiry in view of information that participants had expressed. This process occurred through all phases of: data collection, analysis, and writing, informing ongoing discussions and debate with research supervisors.

The limitations of this study relate to: scope, the time available in the field, access obstacles and the changing nature of the organisation of the role of the nurse link tutor. The scope of this study has been small scale with a small purposive sample of key participants within one HEI. While this enhanced achievement of ethnographic depth (Muecke, 1994; Smith, 2001) through consideration of "thick description" of fieldwork experiences and participant perspectives, a criterion proposed to evaluate ethnographic research, limitations exist as only partial perspectives of the nurse link tutor role were possible. In addition the time spent doing uninterrupted fieldwork and being fully immersed in participant observation (Smith, 2001) was governed by time

constraints on completing a part-time doctoral study and thesis word restrictions. Time restrictions were extended by trust gatekeepers in Blake Trust, initially preventing further access after a limited time of fieldwork had been completed. Further limitations and constraints existed between what I was able to achieve when I entered the research site. Gatekeepers may have selected the people, situations and events that they wished me to see of their organisation. The final consideration relates to the organisation of the role of the nurse link tutor which has changed in the HEI with the passage of time since this study was completed, this is a limiting factor for this study as the relevancy of the conclusions could be dated as time has moved on.

If I were to re-design this study I would extend fieldwork observations and interviews, spending longer in the field to enable a broader and more comprehensive picture of the role of the nurse link tutor. This picture would include the views and perspectives of a broader range of stakeholders such as: student nurses, clinical mentors and trust staff. Finally, I would invest more time in ensuring participants, especially gatekeepers, understood the purpose of the research study and did not feel that research is a threat to them or their organisation. This I have learnt is an essential part of gaining access to a study site.

### **Recommendations for future research**

Findings from this study could inform the study HEI in relation to helping take forward the development of the "Academic Assessor" role (NMC, 2018) in practice. This will ensure that development of the new role will be informed by evidence and greater understanding, helping to ensure future role clarity and contributing to a strong evidence base. Evaluation research has been found to help understanding of policy and practice in health care (May, 2003, p. 17) and the goal is to identify "findings" that can bring about "change" (Ellis, 2013, p. 119) and better informed decision making (Clarke, 2001). Within the HEI and with practice learning partners, as well as at local education forums, findings from this study should be disseminated. Then, further understanding sought of the perceptions, expectations and future role of the "Academic Assessor" (NMC, 2018) from key stakeholders within the study HEI, practice learning partners and students. Consideration of the views and involvement of multiple stakeholders (Ellis, 2013) will ensure their views are recognised in order



to help better partnership working between stakeholders and develop roles according to the needs of all partners.

Process evaluations have been proposed as useful as they consider the perceptions of people and assess benefits and quality of services (Ellis, 2013). Identifying how the "Academic Assessor, Practice Supervisor and Assessor" roles (NMC, 2018) are developed in the future will be the responsibility of the study HEI and practice learning partners working together to identify resources that are required; this could be further informed from evaluation research. Statutory bodies such as the NMC and Health Education England have an important contribution to make in the support of research and supporting the study HEI.

To enable future evaluation research within the HEI, the NMC (2018) have set outcomes that the "Academic Assessor" must demonstrate and could be used to measure the effectiveness of the role, but both the HEI and practice learning partners need to agree local outcome measures (Leigh, 2014) and then measure their effectiveness. Future research should focus on the success of the partnership and effectiveness of the new (NMC, 2018) roles. In addition a further education quality assurance framework is proposed and will be available to assure the quality of practice-placement experiences for students (Duffy and Gillies, 2018). This will be an important area for research in the future.

Further research should seek a greater exploration of the views from all stakeholders from the HEI, practice learning partners and students. Extending research in other HEI's would allow a wider comparison of nurse educator roles in practice and consider models of practice learning for the future. The use of Generic Social Processes (Prus, 1996) as an analytic framework has been proposed to allow comparison and contrasts across settings (Prus, 1987), allowing a richer understanding of roles across other HEIs.

### **Recommendations - The future role of the nurse educator in practice**




A final question sought to establish what was required for the role in the future.

Consideration of the nurse link tutor role has come at a time of change (NMC, 2018; RCN, 2017) with the introduction of new roles in practice, as well as education standards and changes to the supervision and assessment arrangements of student nurses. There are opportunities to pilot new practice models involving greater

collaboration and working arrangements between the study HEI and practice learning partners with a focus on enhancing practice learning.

In answering the final question I have considered the nurse link tutors' meaning of their role, from study findings, represented in the outer layer of the conceptual model in Figure 12. These meanings of their role have been influenced by the factors that impacted on their practice role. A role for the nurse educator in practice in the future is especially important given the study findings demonstrating their commitment and passion for their role and the important role they will have in supporting the new NMC (2018) education standards.

However, the Academic Assessor role while a useful addition, will not replace the need for the nurse educator in practice acting as the nurse link tutor. The nurse educator role in practice will need to be organised locally by the HEI and practice learning partners working together, according to needs. In summary the future role of the nurse educator in practice should be more focused relating to the following key areas:

-  Educational support and assistance to students in practice, as well as to practice supervisors and assessors in their new roles and help to develop the practice learning environment. The HEI and practice learning partners now have the opportunities to work together to ensure that practitioners taking on new roles in practice have the skills and are prepared for their roles as well as having effective support networks. Nurse educators in practice have a valuable role in contributing to collaborative working and has been found to be an important part of the nurse link tutor role.
-  To enable nurse educators to be effective in their practice role they require opportunities to discuss and explore their roles through clinical supervision, this would also help to reduce stress and conflict they experience as part of their role demands. The ability to engage in Communities of Practice, greater networking and conferencing would provide a greater sense of professional identity.
-  Nurse educators need clinical leadership skills in order to develop relationships with practice learning partners. This would help them to articulate their valuable contribution to student practice learning through their

use of evidence based learning strategies, such as: reflective practice, critical incident analysis and Journal Clubs. This would help to close the theory to practice gap.

- ✚ The study HEI should support nurse educators in practice to achieve these role requirements by providing the infrastructures to help support and develop the nurse educator role in practice and the "Academic Assessor" (NMC, 2018) in practice. Protected time could be allocated by line managers for clinical supervision and role development. Practice learning partner organisations should contribute to setting clear role performance objectives and helping nurse educators to combine academic and practice roles more successfully. A working base while working in practice within the practice learning partner organisation would be useful and would contribute to collaborative working.
- ✚ Recognition of the emotion work they perform and emotional labour provided and making this more visible would help nurse educators in practice to feel more valued and would contribute to their professional role identity.

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## Appendices

## **Appendix 1: Job Description and Role and Responsibilities of the Nurse Link Tutor (at the time of this study)**



### **ROLE AND RESPONSIBILITIES OF A LINK TEACHER**

#### **1. PURPOSE OF THE ROLE**

In order to ensure students are supported appropriately and that the curriculum delivery reflects current practice, academic staff have a professional obligation to undertake the equivalent of a day per week in practice related activities. (UKCC 1999) Fitness for Practice recommendations emphasise the need for partnership working between placement providers and HEI's. The Link Teacher role is aimed at developing and maintaining effective relationships with clinical staff.

#### **2. MAIN DUTIES AND RESPONSIBILITIES**

Link Teachers main responsibilities and accountabilities are:

- i. Establish and maintain support mechanisms for students and mentors within specified placement areas.
- ii. Ensure mentors and students are aware of how to contact the link teacher.
- iii. Contribute to the planned programme of learning and teaching for students within the health economy partnership team.
- iv. Advise and support placement staff in the development of learning and teaching opportunity activities and resources.
- v. Support and monitor the process of assessment of student's clinical performance.
- vi. Support students in a manner appropriate to their educational needs and requirements.
- vii. Record clinical link activity in line with School Policy.
- viii. Advise and support placement staff in their roles as mentor and assessor.
- ix. Contribute to Quality Assurance activity in accordance with School.
- x. Contribute to the preparation/update of practice mentors via facilitation of workshops within the HEI or Health Economy partnership.
- xi. Act as an advisor to placement staff regarding their personal and professional educational activity.
- xii. Collaborate with Practice Placement Managers/Clinical Placement Facilitators to increase placement capacity as appropriate.
- xiii. Consider Health & Safety issues, which may impact on the educational experiences for students
- xiv. Complete Link Teacher Monitoring Report as required (see Procedure for the Conduct of Clinical Link Activity within the School of Health).
- xv. Provide feedback from Placement Evaluation to link areas every 3 months (see Procedure for Evaluation of Placement Experience within the School of Health).

## **Appendix 2: Contextual Nurse Link Tutor Role Information**

### **Physical setting**

The University of Wolverhampton, at the time of the study, offered 500 courses which are delivered across 18 Schools and Institutes. The School of Health and Wellbeing, at the time of the study in 2014, offered the opportunity for students to study a degree in adult nursing across three campus sites, with nursing practice placements within five partner NHS Trusts. Undergraduate nursing degree study was also available on routes in B Nursing (Hons) Child, Learning Disability and Mental Health Nursing. In addition Post-registration courses were also available. The School of Health and Wellbeing was one of the biggest Schools in the university.

At the time of the study across adult nursing, there were five Practice teams. Each Practice team consisted of university academic nurse tutors with a practice role and NHS Trust practice placement staff, each worked together to cover five partner NHS Trusts across a geographical area of the West Midlands. Academic staff with a practice role were managed by a field specific Subject Head (Principal Lecturer). NHS Trusts had a collaborative partnership arrangement with the university to support student nurses studying at the university, providing clinical practice experiences in the hospital and community setting. In addition there were placement areas available in nursing homes, private hospitals, hospices and prisons, which held contractual agreements with the University for providing clinical placements for student nurses. The study settings where the nurse link tutors worked in this study were two NHS Trusts (and their associated practice teams), referred within this study as Eliot and Blake.

Eliot NHS Trust was one of the largest acute and community health providers in the West Midlands. It provided services from three locations and had twenty community sites with 8,000 staff and 800 beds on the main site.

Similarly, Blake NHS Trust was also based in the West Midlands and was the main provider of hospital and adult community services to a population of around 450,000 people, operating from three hospital sites.

### **Environment**

The working environment in practice for the nurse link tutor was dependent on where students were allocated for clinical practice experiences in the trust they were based. In Eliot and Blake NHS Trust, all support related activity and mentor update sessions were held in the hospital or community clinic/health centre setting. The nurse link tutor visited students on placement in the clinical areas within their allocated trust and other placement providers such as nursing homes. Student preparation sessions for placement were held in the university.

### **Participants and individuals**

There were two nurse link tutor participants in Eliot Trust Team (Jackie and Dawn) and two in Blake Trust team of whom one was a participant (Yvette) and the other had only just joined the team as a

new nurse link tutor, therefore this nurse link tutor was not included in this study. The practice role was a component part of the role for thirteen Senior Nurse Lecturers, across the three sites, but not all, at the time of the study, the remaining Nurse Lecturers had chosen not to have a practice role and to focus on their university academic role involving teaching and learning to undergraduate nursing students. Other individuals who were part of the practice team included the Trust Practice Placement Managers (PPM) or Practice Placement Facilitator, at the time of the study there were three who were employed by and based in each NHS Trust.

Individuals who were key but not as participants were student nurses from cohorts across the three year groups, University Principal Lecturers, and Nurse Mentors and Sign Off Mentors, Ward Managers, in each of the NHS Trusts practice placement areas (A glossary of terms at the start of this study provides an explanation).

### **Practice activities as part of the role of the nurse link tutor**

There were a number of practice activities that the nurse link tutor was involved that took place in the NHS Trusts and planned in advance between members of the practice team. Several formal support sessions were arranged for each cohort for the year and were a mandatory requirement. There were up to 200 students on placement in Eliot NHS Trust and a smaller number in Blake NHS Trust, at any one time, all students were required to attend cohort based, support sessions throughout the year. These sessions enabled students to discuss their experiences and any concerns and for the nurse link tutor to monitor students' practice placement experiences. All were conducted in the NHS Trust education departments or community settings and organised and facilitated by the nurse link tutors and sometimes together with the PPMs/Practice Placement Facilitator. During the students' first year placement they had more frequent support sessions, in addition each year, students attended a preparation for practice session in the university and a final session each year to evaluate practice placements.

Throughout a students' placement they were often visited by a member of the practice team, who provided student and mentor support as well as action planning when required, as specific practice issues had been identified. The action plan was a written document developed in agreement with the student, mentor and nurse link tutor, and formalised any agreed learning outcomes, the plan of action and assessment criteria, within a set time frame. Following a student action plan being set a Practice Report was completed by the nurse link tutor and sent to the students' personal teacher and the rest of the practice team.

Mentor update and sign off mentor training sessions were planned for the year in the NHS Trust; these were facilitated by both the nurse link tutor and PPM, taking place over a half day. Students needed to be "signed off" at the end of three years in practice by mentors who had undergone additional training for the Sign Off mentor role and this was a requirement under education standards, at that time, set by the Nursing and Midwifery Council (NMC, 2010).



Each students' placement allocation was considered to ensure that they had an overall breadth of differing placement experiences and also that NMC regulations (NMC, 2008) were complied with for ensuring placements consisted of four essential elements of experience in:- surgical, medical, community and older person, over three years. The Practice Placement unit (PLU) at the university acted as the main referral point for nurse link tutors regarding allocation of placements but the nurse link tutors were involved in ensuring that the placement allocations were suitable for the students' needs and experience. In addition there was a requirement that students completed the NMC (NMC, 2010) requirement of 2300 hours of practice learning over three years and 2300 hours of theoretical learning in the university.

In order for the nurse link tutor to work within the trust in a support capacity, they held a Trust Honorary Contract. This contract ensured the nurse link tutor complied with trust policies and procedures when working on the trust site as a nurse link tutor and allowed access to trust facilities as an authorised visitor from the university. For information about the relevant nurse link tutors' job description at the time of the study see Appendix 1.

### **Routines and variations**

The university had provided each of the nurse link tutors with mobile phones ensuring that the nurse link tutor was contactable by phone each day by students, mentors and managers.

The "Flow-Through" chart was a written record of each of the student cohorts' weekly plan of: periods of practice placement, theory time and holiday periods. The plan was set for each of the student cohorts three years of study by the Head of Practice learning in conjunction with trust staff, with some minor revisions necessary each year. This all took place in the university with the NHS Trusts consulted as practice partners.

### **Significant events**

The "Escalating Concerns in Practice" policy involved the practice team working to a Trust and University Policy when there were serious concerns about an aspect of clinical practice that was considered unsafe and would be detrimental to student learning, welfare or others while on placement.

### **Appendix 3: Researcher Reflexivity**

#### **Diary entry July 2013:**

*"Feeling anxious about field work today, will they accept me, will they tire of me, and will I blend into the background? I have to keep reminding myself I am here to observe but I want to be doing more and at times am frustrated that the tutor is not more prepared. Seems like time wasting. This has made me think about my role as a tutor, was I over-prepared, did I over analyse the role and makes this difficult"?*

*"The tutor appears to be more confident with me today, has asked me for suggestions and help if unsure. It's good to think they feel I am valuable. Today has made me question relationships with those I am researching. What affects the relationship? How do I affect the field under study? Is what I am observing normal practice"?*

#### **Diary entry Nov 2012:**

I was able to reflect on this experience in Blake Trust, this element of reflexivity is referred to as "Functional" (Wilkinson, 1988), involving the researcher's role:

*... I felt disappointment and a sense of betrayal that I had been discouraged from access in the trust. What have they got to hide? Is this symptomatic of the relationships between the link tutors and the trust staff? It has made me determined to approach participants in a more informed way, meeting with them to give more information about the purpose of the study and allowing them to discuss any concerns that they may be feeling before field work begins. Perhaps I didn't do this enough?*

#### **Diary Entry May 2013:**

I was able to reflect on my first meeting with participants in Eliot trust and considered my role as an ethnographer within this study, I wrote within my diary:

*...I was aware that my approach to gaining access to Eliot participants had to be different and there was much that I had learned about negotiation since my attempt to continue in Blake. My sense of anticipation and the importance of the meeting made me aware of how the participants perceived my role and how I was going to portray their organisation within my research. I thought about how I would present myself, the clothes I should wear and how I should try to be self aware of my demeanour and portraying this study in a positive way. I felt more attuned to their needs and perceptions of me and the massive privilege that would be granted to me as an ethnographic researcher within their organisation. I had taken this for granted in Blake but I needed to be more prepared to negotiate access and develop relationships with potential participants. It was during negotiation of this process that I realised my role change, I had become an "outsider" and had been holding onto my "insider" role as a sort of safety net to carry me through this difficult time. This "outsider" role may have helped the participants accept me now but knowing my previous "insider" role may have given me credibility. I feel as if I am now starting with a clean slate in this trust and have no previous baggage that would impact on the relationships with participants or the way I will report research findings...*

#### **Appendix 4: Researcher Practice Biography**

From where my interest starts for studying the role of the nurse link tutor:-

Following my registration as a General Nurse (SRN) in 1981 I spent three years working as a staff nurse in general surgery and renal nursing, completing a post-certificate course in renal nursing in 1983. I decided to specialise in community nursing as I wanted to provide more individualised care for patients away from the restrictions of a hospital environment and a more autonomous role.

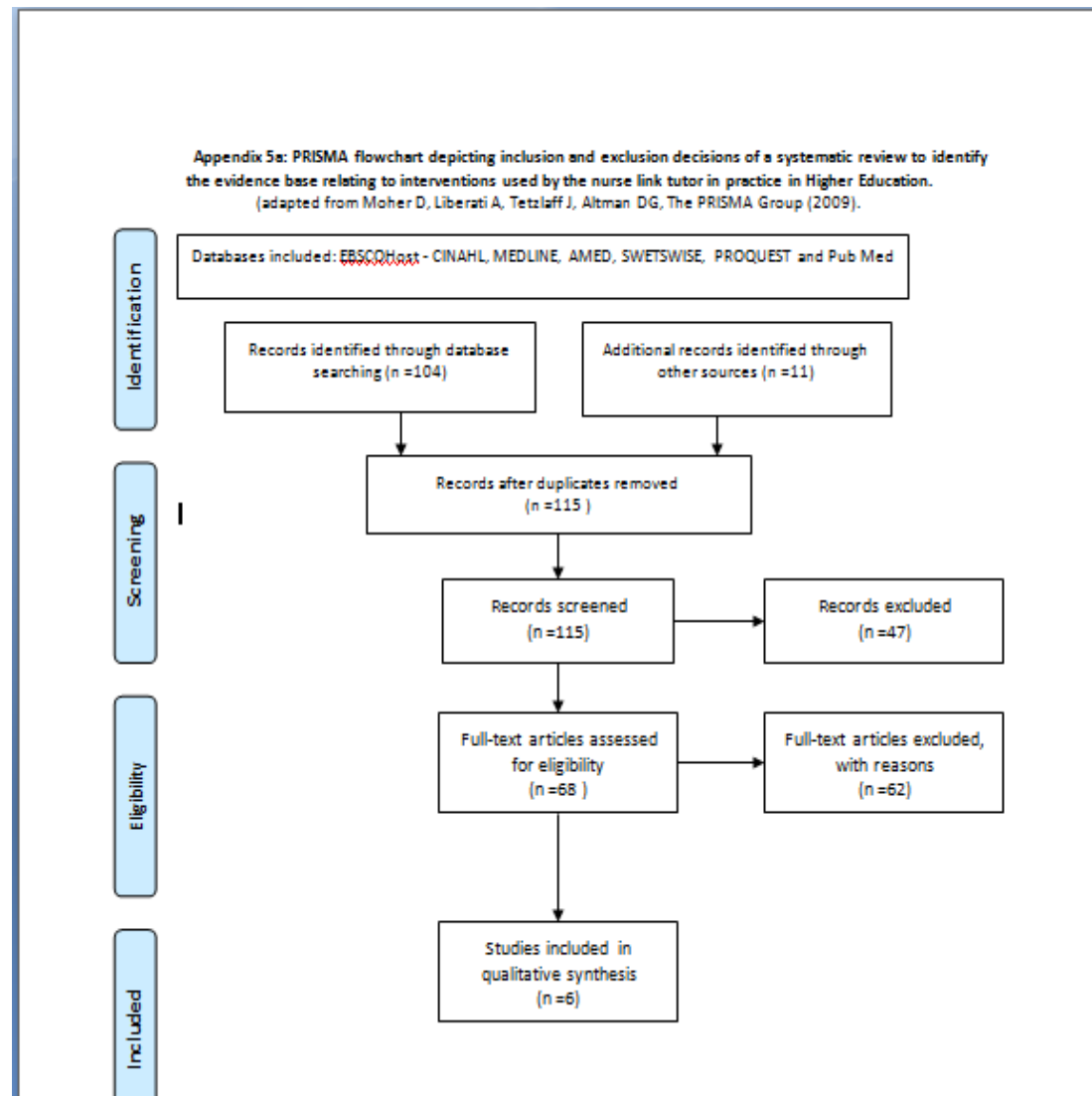
In 1985 I completed a post certificate course in district nursing and loved community nursing so much that I spent the next twenty years working as a district nurse in the Black Country as a district nursing sister. During that time, as well as having a family, I continued to work and complete post registration training and education courses in: developments in nursing care, teaching and assessing, management development, research awareness and then nurse prescribing. In 1999 I completed a Bachelor of Science degree in Health Studies (Primary Health Care) at the University of Wolverhampton and then took secondment opportunities to work on projects in the Primary Care Trust, working on developing community services and introducing clinical supervision for community nurses and other community health professionals in the trust. In 2000 I became a full time nurse project manager working in the same primary care trust and worked on service improvements.

In 2004 I completed a Master's of Science degree at the University of Birmingham in Primary Health Care Policy and Management and decided to pursue a career in education. In 2004 I became a senior lecturer in adult nursing and took an interest in the clinical link aspect of the role as a senior lecturer in nursing; this enabled me to regain links with my clinical speciality of community nursing and the clinical aspects of my role as a lecturer in nursing. In December 2010 I started the part time doctorate programme at the University of Wolverhampton and decided to research the role of the nurse link tutor as this was a role I felt needed more focus and development.

Many of my interests and "worldview" within this thesis have been influenced by and relate to my past roles and experiences in nursing. As a nurse I valued the uniqueness of the individual and understanding of their perspectives, while also the need to support and allow people to reach their full potential in life.

**Appendix 5: Systematic Review - Review Question - What is known about interventions from an Academic in Practice (nurse link tutor) which improves student nurses learning outcomes?**

Part One: PRISMA Flowchart



## Part Two: Screening of Studies Systematic Review for methodological quality (CASP)

Screening Questions	Study 1	Study 2	Study 3
	<p><b>Murphy, F (2000)</b></p> <p><b>Collaborating with practitioners in teaching and research; a model for developing the role of the nurse lecturer in practice areas.</b></p> <p><b>Journal of Advanced Nursing</b></p> <p><b>31 (3), pp. 704-714</b></p>	<p><b>Duffy, K and Watson, H (2001)</b></p> <p><b>An interpretive study of the nurse teacher's role in practice placement areas</b></p> <p><b>Nurse Education Today</b></p> <p><b>21,pp. 551-558</b></p>	<p><b>Brown, L., Herd, K., Humphries, G and Paton, M (2005)</b></p> <p><b>The role of the lecturer in practice placements: what do students think?</b></p> <p><b>Nurse Education Today</b></p> <p><b>5,pp. 84-90</b></p>
<b>1.Aim</b>	<p>Improve the educational experience of pre-registration nursing students through implementation of a teaching programme taught by both lecturers and practitioners in clinical areas over 21 months</p> <p>Secondary aim – benefits to participants</p>	<p>Understanding of the role of the nurse teacher in clinical areas</p>	<p>A retrospective study focusing on the lived experience of student nurses receiving support from a nurse educator</p>
<b>2.Methodology appropriateness</b>	<p>Action research justified using Grundys' (1982) framework</p> <p>The study considers the experiences of those involved so a more interpretive approach may have been justified</p>	<p>Interpretive approach provided and justified</p>	<p>In order to gain insight and create understanding</p> <p>Use of Heideggerian phenomenology and Gadamerian hermeneutics</p>
<b>3.Research design appropriateness to address aims</b>	<p>Justified and piloted</p>	<p>Justified why interpretive paradigm required to address aim</p>	<p>Justified interpretive approach</p>
<b>4.Sampling</b>	<p>No sample strategy discussed but all students on placement (17), 9 practitioners and a nurse lecturer attached to a gynaecological unit of a DGH were included</p> <p>No discussion around recruitment or drop out of participants</p> <p>No discussion of data saturation</p>	<p>Purposive – teachers from 3 nursing departments. 18 student participants from different branch programmes – adult, learning disabilities, mental health and child</p>	<p>Purposive</p> <p>65 3<sup>rd</sup> year adult branch pre-registration students selected and information given</p> <p>Reason given for student selection</p> <p>Discussion of possible coercion</p> <p>25 students volunteered to take part</p>
<b>5.Data collection</b>	<p>There is a description of the setting but it is unclear why it was chosen</p> <p>Questionnaires given to</p>	<p>Focus group interviews – audio taped</p> <p>Interview guide provided</p>	<p>Focus group – justified</p> <p>Self selection of group members</p>

	<p>students</p> <p>Focused interviews to practitioners who taught on the programme carried out by lecturer</p> <p>Lecturer also transcribed and analysed interview but no discussion of how interviews were carried out</p>	<p>Researcher audio taped and transcribed verbatim the focus groups</p> <p>Unclear who researcher was in the study</p>	<p>Facilitators used who did not know group members</p> <p>Taped focus groups but not transcribed – rationale provided</p>
<b>6.Reflexivity</b>	<p>Lecturer kept reflective diary</p> <p>Acknowledged vested interest in research as threat to validity &amp; bias</p> <p>Measures taken to validate findings by triangulation and use of outside observer</p>	<p>No discussion of reflexivity</p> <p>This was an interpretive study – potential for flaw in trustworthiness</p>	<p>Validity discussed</p> <p>Bias and influence discussed</p>
<b>7.Ethical issues</b>	<p>Ethical approval sought but no discussion of consent or confidentiality</p> <p>No discussion of destruction of data after completion</p>	<p>Ethical approval sought</p> <p>Discussion of informed consent and confidentiality</p>	<p>Approval sought from Head of department – no ethical approval discussed</p> <p>Consent and confidentiality discussed</p>
<b>8.Data analysis</b>	<p>Data analysed by lecturer – potential for bias</p> <p>Key themes identified taken from four elements of the nurse lecturers role (liaison, teaching, practice and research) identified from unknown literature</p> <p>Little discussion of the process of analysis – unable to tell if the analysis was rigorous</p> <p>Discussion of collaboration with participants to validate and address findings</p>	<p>Mentioned Diekelmann (1992) analysis method but no discussion of how this was carried out</p> <p>Consensual validation process mentioned but no further information how this was carried out</p> <p>Mention of the control of bias</p>	<p>Thematic analysis from tape recorded focus groups</p> <p>Theme titles used to structure discussion of findings</p>
<b>9.Findings</b>	<p>Brief overview provided from three groups of participants – includes some direct quotes</p>	<p>Three constitutive patterns and 9 themes emerged from the data</p> <p>Only role pattern of nurse teachers role in practice placement reported</p> <p>Advisor, supporter, regulator, interpreter and networker</p> <p>Quotes from participants provided</p>	<p>Discussion of findings</p> <p>Quotes provided</p> <p>Individual interpretations of researchers discussed</p> <p>Not validated with participants</p> <p>No triangulation</p>

<b>10.Research value</b>	Provided potential model but not transferable	<p>Small sample size and limitations acknowledged</p> <p>Proposed new insights into the role of the nurse teacher as well as concurring with previous research findings</p> <p>Acknowledged research carried out in Scotland so may be differing contexts not transferable to the UK experience</p>	<p>Consideration given of existing research and how this research “mirrors” previous studies</p> <p>Future areas of interest to consider</p>
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<b><u>Screening Questions</u></b>	<b><u>Study 4</u></b>	<b><u>Study 5</u></b>	<b><u>Study 6</u></b>
	<p>O'Donovan, M (2006)</p> <p>Reflecting during clinical placement-Discovering factors that influence psychiatric nursing students</p> <p>Nurse Education in Practice</p> <p>6,pp. 134-140</p>	<p>Andrews, G.J., Brodie,D., A, Andrews., J,P. Hillan, E., Thomas,B,G., Wong,J and Rixon, L (2006)</p> <p>Professional roles and communications in clinical placements: A qualitative study of nursing students' perceptions and some models for practice</p> <p>International Journal of Nursing Studies, 43, pp. 861-874</p>	<p>Carnwell, R. ,Baker, SA., Bellis, M and Murray, R (2007)</p> <p>Managerial perceptions of mentor, lecturer practitioner and link tutor roles</p> <p>Nurse Education Today</p> <p>27, pp. 923-932</p>
<b>1.Aim</b>	To explore students' views regarding reflection as a learning strategy during clinical placement	The study investigates the experiences and perceptions of students relating to their clinical placements	To explore differences between mentors, lecturer practitioners and link tutors, and how they work together to assist students to integrate theory and practice
<b>2.Methodology</b>	Qualitative approach within a constructivist paradigm	Qualitative methodology is appropriate	Qualitative methodology is appropriate
<b>3.Research design</b>	No discussion of how the researcher decided which methods to use and why in relation to the aims of the research	No discussion of how and why the researcher chose the research design in relation to the study aims	<p>Phase three of a three phase study</p> <p>No rationale given for research design other than to add detail to a quantitative survey conducted in phase two</p> <p>Entire study utilises methodological triangulation</p>
<b>4.Sampling</b>	Purposive of 5 3 <sup>rd</sup> year diploma students	<p>Participants were selected by advertising at host universities, posters and information in class – selection bias discussed</p> <p>Former students (now newly qualified) were randomly selected from university</p>	<p>Purposive sampling of senior managers from NHS Trusts and HEIs who were knowledgeable about student education in clinical practice</p> <p>Validity of data proposed</p>

		records until 30  telephone interviews took place	No discussion of non participants
<b>5.Data collection</b>	<p>Students were individually interviewed on placement using Arksey and Knight (1999) guidelines – details of these were not given</p> <p>Researcher audio taped interviews and transcribed them verbatim</p> <p>Saturation was achieved</p>	<p>7 focus group discussions took place with current pre-registration diploma and degree students and 30 semi structured telephone interviews</p> <p>Interview and focus group schedule provided</p> <p>Focus groups were taped and transcribed</p> <p>Data saturation noted</p> <p>Data not used from year one students following saturation – rationale provided but year 1 experiences would have been useful</p>	<p>Four focus groups – 3 of 18 senior nurse managers and 1 of 4 nurse education managers</p> <p>Justification for focus group</p> <p>Interview schedules, information sheets and consent forms distributed</p> <p>2 researchers conducted the focus groups</p> <p>Participants were relative unfamiliar with researcher</p> <p>Interviews were taped and transcribed by the principle researcher</p>
<b>6.Reflexivity</b>	<p>Field notes were written by the researcher after the interviews</p> <p>No recognition of possible bias</p>	No discussion of reflexivity	No discussion of reflexivity
<b>7.Ethical issues</b>	<p>Written informed consent obtained</p> <p>No mention of ethical approval</p>	Confidentiality discussed but no consideration for ethical approval	<p>Ethical approval sought</p> <p>Permissions sought from HEI and trust</p>
<b>8.Data analysis</b>	<p>Criteria mentioned for establishing rigour but no discussion of how applied to process of analysis</p> <p>Constant comparative method of analysis revealed three major categories</p> <p>Verification by two participants used to check categories</p> <p>No discussion of potential bias and influence</p>	<p>Research team guided the analysis</p> <p>Computer software was used to manage data</p> <p>Key codes generated – no discussion of these but presented in the findings in relation to themes</p> <p>Quotes are used from students comments</p> <p>Selection bias only discussed</p>	<p>Qualitative content analysis</p> <p>Two researchers checked the themes for authenticity</p> <p>Findings from the 3 NHS focus groups were combined to ensure anonymity of data but not able to do this for the HEI managers</p> <p>Participants reviewed the findings for accuracy</p>
<b>9.Findings</b>	<p>Analysis and findings presented together</p> <p>Quotes provided from student participants</p> <p>No triangulation</p>	<p>Analysis carried out by research team and computer software</p> <p>Analysis initially focused on key and broad areas of interest suggested by initial research questions</p>	<p>Four themes emerged: role characteristics and competence, role differences, role conflict and future options</p> <p>Quotes are used from participants</p>



	<p>Respondent validation sought</p> <p>Five factors found to be influential on participants' use of reflection during clinical placements:-</p> <p>Lack of preparation and guidance, mentor support, clinical placement coordinator support, lecturer role and time</p> <p>Participants did not see that the lecturer had a role in relation to reflection in clinical placements</p>	No validation discussed	<p>Triangulation discussed</p> <p>Participants reviewed the findings for accuracy</p>
<b>10.Research value</b>	<p>Noted this is a Irish context</p> <p>Small scale study</p> <p>Study confirms earlier research that recommends student preparation and ongoing support to engage in reflection</p> <p>Recommendations are made about mentor preparation and guidance in relation to reflection</p>	<p>Future research suggested and implications for practice</p> <p>Some limitations of research study discussed</p>	<p>Implications for practice and future research suggested</p>

## Appendix 6: Systematic Review - Data Synthesis

Synthesis of Data from Systematic Review						
Methods and concepts	Study 1 - Murphy	Study 2 – Duffy and Watson	Study 3 – Brown et al	Study 4 – O'Donovan	Study 5 – Andrews et al	Study 6 – Carnwell et al
Sample	17 students – CFP and adult 9 Practitioners 1 Nurse lecturer	18 nurse teachers from all 4 branches	Self selected 25 3 <sup>rd</sup> year students	5 third year psychiatric nurse students	Self selected students and 30 ex students newly qualified	22 NHS managers and HEI managers
Data Collection	Questionnaires Focused Interviews Reflective Diary	Focus group interviews	Focus group discussion	Individual Interviews	Focus groups & telephone interview to ex students	Focus group interviews
Setting	Practice setting – gynaecological unit	Not known	Not known	Clinical placement	University campus	Following managers meeting in practice
Type of Intervention	Collaborative teaching programme in practice	Link role of nurse teacher Group 1 – one day in practice Group 2 – 3 tripartite meetings & reflection session each student Group 3 – 2 tripartite meetings per student	Each student had a sustained teacher-learning relationship with a nurse educator during the first two years of their course for every clinical placement	Reflection as an aid to develop students competencies	Involvement of link tutor as well as ward managers, mentors	Involvement link tutor, lecturer practitioners and mentors in practice
<b>Concepts:-</b> Role definition	High visibility of nurse tutor important Teaching role of tutor important in practice	Role pattern:- advisor, supporter, regulator, interpreter, networker Nurse tutor needed to clarify role	Students choice of sounding board Dependable and consistent involvement Face to face interaction valued	Disseminator of theory about reflection Tutor not perceived to have role in relation to reflection on placement	Link tutor and student limited liaison as multiple demands on tutors	Managers perception of link tutor as responsible for the curriculum and assisting students academically Managers not sure what link tutors do Conflicting roles and lack of clarity Advocate more sharing of roles in practice
Integration of theory and practice	Nurse tutors helped students to identify theoretical components of the curriculum which could be applied to practice Analysis of critical incidents helped students	Use of reflection Theoretical knowledge base for student Interpretation and identification of learning competencies	Clinical preceptors knowledge and understanding of students learning needs limited Students required tutors approval or validation of learning taking place	Mentors require support to help them support students to reflect	Students should be prepared to learn independently in practice Students did not expect or undertake active learning	Theory-practice continuum
		Nurse teacher prepared students	Students felt abandoned	Students required	Assistance dependent	Support students and

Support		for practice Emotional support for staff and students Advocate for students and staff	and alone when on placement Not quite belonging Emphasis on support needed year 1 Personality important of nurse tutor Tutor safe person to confide	better preparation and ongoing support to undertake reflection during clinical placement  Tutor providing support for mentor	on character of the tutor  Facilitative teaching, reflective discussions and timely problem solving	mentors
Facilitation of learning	Facilitator of research process	Feedback on performance Active involvement in assessment Troubleshooter	Clarification of learning needs Motivating influence of tutor	Lack of awareness about reflection amongst mentors and staff on placement	Tutor may support mentor in understanding the curriculum and assessment process Students expect passive learning	Facilitate assessment process Problem focused
Collaboration	Collaborative research with practitioners Joint teaching sessions with practitioners	Building relationships with clinical staff	Clinical preceptors required presence of tutor to clarify issues related to student practice	Collaboration required between tutors and clinical placement coordinators to prevent duplication and develop reflection	Link tutors prepare mentors Lack of collaboration can effect students' placement experiences	Tutors need to work with mentors Strengthen relationships
Presence	Change catalyst	Up holding professional standards	Students perceived no one interested in them or guiding them if no interaction with tutor Tutor promoted professional standards	Key role for tutor to help students to use reflection	Create greater acceptance of students in clinical environments Quality assurance	Link tutors more distant from clinical practice
Explanation/theory (second-order interpretations)	Nurse tutors have an important role in helping students to integrate theory to practice	Students benefit from the involvement of a nurse tutor as they take on multiple roles in practice	Physical presence of nurse tutor required in practice to help students and mentors	Reflection is a valuable intervention but requires support from nurse tutors	Tutors should help students to be more independent learners	Health Service Managers are not clear about the role of nurse tutors but agree that role is helping the student by problem focus
Third-order interpretations	Greater integration of theory to practice	The role of the tutor is complex and multi faceted	The nurse tutor needs to be physically present in clinical placement	Nurse tutors should focus more helping students to reflect on practice	Independent learning is valued by students	Trust managers do not have a clear understanding of the role of the link tutor

## Appendix 7: Evidence Synthesis Nursing Emotional Labour

### Summary of research studies included in the qualitative evidence synthesis. What do we know from empirical research studies about nursing emotional labour?

Study, author(s), (year), country	Study aim(s)	Design and methods	Setting and participants	Key findings	Critical appraisal (using CASP, 2006 guidance)
<b>Study 1</b> Smith, P (1987) UK The relationship between quality of nursing care and the ward as a learning environment: developing a methodology. Journal of advanced Nursing, 12, pp. 413-20 And Smith, P (1992) The emotional labour of nursing. Hampshire: Macmillan Education Ltd.	To study the relationship between the quality of nursing and the ward as a learning environment for student nurses	<u>Design:</u> Grounded theory (Glaser and Strauss). <u>Data collection:</u> participant observation working on wards as a nurse and in class in the school of nursing. Used semi-structured interviews and Fretwell's questionnaire on the ward learning environment Four study phases. Multi-method approach to data collection  <u>Data analysis:</u> Computer analysis of Fretwell's questionnaire using Fretwell's system of analysis and qualitative comparative analysis were combined	Wards in a NHS teaching hospital and classrooms in the School of Nursing.  Student nurses, qualified nurses, 11 nurse tutors and 31 patients	Nurses engaged in emotion work but it was not recognised or valued as part of nursing The ward sister sets the emotional agenda and feeling rules of the ward. The sister's emotional style of management was key to the well-being of patients and nurses.  When nurses were appreciated and supported emotionally they felt better able to care for patients emotionally. Student nurses undertook emotional labour to conceal their feelings of stress, anxiety and fear. Gendered nature of nursing work	Weaknesses: No discussion of ethical approval or how ethical issues were addressed. The researchers' influence in the study is uncertain as no reflexivity discussed  Strengths: Detailed discussion of methodology  Detailed discussion of research methods There is relevance of findings to nursing practice and in other settings. Smith relates to the relevance to practice and identifies the need to teach emotional labour to nurses
<b>Study 2</b> Bone, D (1997) USA in Bone, D (2002) Dilemmas of emotion work in nursing under market-driven health care. International Journal of Public Sector management, vol. 15, issue 2, pp. 140-150	To learn more about the under-acknowledged and unspoken aspects of nursing in relation to the emotion work of nurses	<u>Design:</u> Grounded theory (Strauss and Corbin) <u>Data collection:</u> Interviews over eight months <u>Data analysis:</u> coding and analysis using grounded theory.	Purposeful sampling of 18 practicing nurses chosen as they either self-identified or were identified by others as having well developed "emotion skills" or provided "emotional support" to patients. All were white and female apart from one male. All had at least five years experience in practice.	Nurses accounts of providing "good" emotional support were identified and frustration at not being able to provide the kind of care that should be given. Comments were linked to changes in the organisation of work, what was valued and how things were prioritised. Increased demand for emotion work as a commodity. Ideal types of practices and therapeutic emotion work were identified. Emotion work is an under-	Weaknesses: Researchers' influence in the study uncertain as no reflexivity discussed. US context for this study. Limited recommendations and strategies to make emotion work more visible.  Strengths:

Study, author(s), (year), country	Study aim(s)	Design and methods	Setting and participants	Key findings	Critical appraisal (using CASP, 2006 guidance)
				acknowledged and invisible part of nursing	
<b>Study 3</b> Staden, H (1998) UK Alertness to the needs of others: a study of the emotional labour of caring. Journal of Advanced Nursing, 27, pp. 147-156	To recognise and value emotional labour and the skills involved and embodied within it by exploring the "lived experience". In addition to re-value the caring component of nursing.	Design: Case studies that focused on three individual experiences. Data collection: semi-structured interviews Data analysis: Phenomenological analysis involving six conceptual categories	Three experienced enrolled nurses (level 2) who were on a course to convert their nursing qualification to registered nurse (level 1)	Emotion work is seen as a valuable part of nursing work but is not valued by the organisation or by society. Participants were unable to identify skills used for emotion work but the researcher identified conceptual categories from the nurses' experiences of emotion work: Private/public spheres Appearing caring Nurses are human (too) Giving of yourself Value and visibility Coping	Strengths: attempts to make visible the emotional labour involved in caring Offers ways of improving and valuing the emotional labour of nursing  Weaknesses: small sample size
<b>Study 4</b> Bolton, S (2000) UK Who cares? Offering emotion work as a "gift" in the nursing labour process. Journal of Advanced Nursing, 32(3), pp. 580-586 and Changing faces: nurses as emotional jugglers. Sociology of Health and Illness, vol. 23, no. 1 (2001)	To learn how nurses feel the introduction of "new" management has affected their work, especially the way in which they present themselves to patients. The second phase of the study aims to further an understanding of nurses' emotion work set within the context of structural changes affecting the UK public sector services.	Design: Longitudinal qualitative study over 4 years Data collection: semi-structured interviews and observation. Interviews and observation were repeated three years later Data analysis: thematic with a second study phase using a Goffmanesque analysis	Nurses on a gynaecology unit in a large NHS Trust. All grades of nurses.  A further part of the study involved 45 nurses with 10 nurses re-interviewed using semi-structured interviews and observation took place	Nurses' emotional attachment to the job reflects a commitment to quality patient care. Nurses offer extra emotion work as a gift to patients and their families. There is a need to understand and value the motivations behind nurses' emotion work. The second phase of the study found that nurses present faces to describe the multi-faceted, emotional complexity of nursing work: the professional, smiley and humorous face. In this way manipulating and resisting some emotional demands while presenting an acceptable face.	Weaknesses: the first phase of the study does not stipulate the number of interviews or characteristics of the participants The process of data analysis or framework is not presented. Strengths: the rationale for two phases is justified. Critical self-reflection by the researcher is demonstrated.
<b>Study 5</b> Theodosius, C. (2006) UK Recovering emotion from	To try to identify hidden and visible emotion processes in order to	Design: Qualitative study. Data collection: 14 months of participant observation on an	Registered nurses on an acute surgical ward in an NHS Trust	Findings provide a greater understanding about emotion management and	Strengths: In-depth analysis using multi-methods. Researcher adopted a reflexive stance to

Study, author(s), (year), country	Study aim(s)	Design and methods	Setting and participants	Key findings	Critical appraisal (using CASP, 2006 guidance)
emotion management. Sociology, vol. 40, no. 5 And Theodosius, C. (2008) Emotional labour in health care - the unmanaged heart of nursing. London: Routledge.	understand how they impact on nurses emotional labour	acute surgical ward. In addition, 15 audio diaries recorded by nurses and then semi-structured interviews with the same nurses. Data analysis: three tools were used: narrative analysis, reflexivity and psychoanalytic tools of transference and counter-transference		identifying hidden unconscious emotion processes involved in the management. The identification of therapeutic, instrumental and collegial aspects of emotional labour. As emotion informs personal identity Theodosius explores the relationship between personal identity and emotional labour using Archer's (2000) Model of Emotion and Peplau's (1988) Theoretical Framework of Nurse-Patient Relationships.	acknowledge subjective feelings. Value of the research and recommendations made.  Weaknesses: Only one researcher involved in data analysis processes

## Appendix 8: Evidence Synthesis - Themes from synthesis nursing emotional labour

Common/ Recurring concepts across the five studies	Study 1 Smith (1987, 1992)	Study 2 Bone (1997, 2002)	Study 3 Staden (1998)	Study 4 Bolton (2000)	Study 5 Theodosius (2006, 2008)
<b>The invisibility of emotion work</b>	Care had become a marginalised activity and the emotional complexity of caring not recognised	Emotion work in nursing undervalued Little recognition	Study aims to make visible the emotional labour involved in caring	Emotion work has become marginalised. Backdrop of structural changes affecting the public sector services. Seen as a commodity	One of the driving forces to the study to address how emotional labour has changed
<b>Emotional labour as part of professional nursing practice</b>	Identifies emotional labour as a component of caring if this is to be recognised and valued	Recognition of the complex knowledge and skills required by the nurse to provide quality therapeutic emotion work	Nurses gained job satisfaction. Caring work is not seen as valued by society	Emotional complexity of nursing work. Emotional attachment to nursing reflects commitment to providing good patient care.	Therapeutic, instrumental and collegial aspects of emotional labour identified Make explicit the range of emotional labour undertaken by nurses
<b>Nurses' experience of emotion work</b>	Student nurse were better able to care for patients when they felt cared for themselves	Nurses felt constrained and unable to use their interpersonal skills to provide therapeutic emotion work. Emotional dissonance experienced	Emotion work skills in the private sphere are used in the public sphere	Nurses have become skilled emotion managers when faced with difficult situations - able to present a variety of faces. A "gift exchange" Emotion work as a "gift"	Relationship between identity and EL Independence of emotion from cognition Emotions arise through relational interaction. Understanding the context in which emotions take place
<b>Support and training needs of nurses Implications for practice</b>	Nurses can be taught how to manage their feelings more effectively but care must be supported educationally and organisationally. More research required in the area of emotion and health care	Structural support, discretionary time, recognition of complexity of knowledge and skills required to provide emotion work	Nurses need to demonstrate that caring with emotion work makes a difference to patients	The need to understand and value the motivations behind nurses' emotion work	Therapeutic emotional labour should be recognised as part of nursing care Nurses should be taught emotional labour management skills
<b>Explanation/theory (second-order interpretations)</b>	Nurses should feel valued and work in a supportive climate in order to provide emotional care	Nurses should be enabled to use their skills to provide therapeutic emotion work	Emotion work should be more visible and recognised Nurses need to raise their profile of caring work	Nurses are skilled emotion managers	Understanding emotion itself is necessary in order to understand how emotional labour is linked to personal and social identity. Importance of context.
<b>Third-order interpretations:</b> Arising from the study findings into the emotion work and emotional labour of nurse link tutors					

## **Appendix 9: Study Participant Information - University and Trust Staff**



### **University and Trust Staff Participant Information Sheet.**

#### **Research Project Title:-**

#### **(Re) Conceptualizing the role of the academic tutor in the practice learning community**

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with colleagues. You should ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

#### **What is the purpose of the research?**

The focus of this research is the role of the nurse academic in Higher Education (HE), whose role involves the support of nursing students in clinical practice as part of the adult nursing pre-registration programme. This role is important within SHaW due to the investment of time and resources in a team of nurse academic link teachers across three campuses. It is hoped that the study would help to clarify the role of the nurse academic link teacher and establish a model for the future, based upon evidence. It is proposed the research will be completed by 2015.

#### **Why have I been chosen?**

Staff from the SHaW and the NHS Trust who are involved in supporting students in university and practice have been selected.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part in the research. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time, without giving a reason for this.

#### **What will happen to me if I take part?**

Initially you may be involved in researcher observations as part of field work followed by a interview at a later date. This will be carried out on a one to one basis with the researcher in a private and convenient location, either in the trust or university. You will be asked to describe your perceptions as a member of university or trust staff of the role of the academic link tutor. The interview will be audio taped and transcribed. You will be asked later to verify that the information obtained accurately captures your views. You may also be involved in the researcher's field work as a participant involving observation of interactions in practice between academic tutors and students and practice staff.



**What do I have to do?**

During the interview you will be asked questions and encouraged to talk about your perception of the role of the link tutor as a member of trust or university staff.

**What are the possible benefits of taking part?**

There will be no direct benefits to you by taking part in the research, but you will be helping to inform the future role of the link teacher and possibly the local and national agenda in relation to support for students in practice by an academic tutor.

**What will happen to the results of the research study?**

The results of the research study will be used as part of the researcher's professional doctoral thesis currently undertaken in the University of Wolverhampton. The researcher will present findings from the study in publications and presentations in the future.

**Who has reviewed the study?**

The study has been reviewed by both the SHaW School Management Board and Ethics Committee at the University of Wolverhampton. Permission has been obtained from the Trust R&D department and Governance training has been undertaken.

**Contact for further information**

If you have any further questions or would like to discuss the study further please contact me on my student email or alternatively ring me:-

Elizabeth Clifton

xxxxxxxxxxxxxx

Email: xxxxxxxx

Thank you for taking the time to read this information

**Additional information:**

**As a participant you will be given a copy of the information sheet and a signed consent form to keep.**

## Appendix 10: Study Consent Forms - Phase One and Two



### GENERAL CONSENT FORM AND RIGHT TO WITHDRAW:

**Title of Research Project:** (Re) Conceptualizing the role of the academic tutor in the practice learning community

**Name of Researcher:** Elizabeth Clifton

#### **Please initial boxes**

1. I confirm that I have read and understand the information sheet (.....dated) for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐
3. I agree to take part in the above study. ☐
4. I understand that the researcher may wish to publish this study and any results found, for which I give my permission ☐
5. I agree for an interview to be tape recorded and for the data to be used for the purpose of this study. ☐

.....  
Name

.....  
Date

.....  
Signature

.....  
Researcher

.....  
Date

.....  
Signature

## **Appendix 11: Letter to Study Participants**



School of Health and Wellbeing  
Mary Seacole Building  
Room MH xxx  
Nursery Street  
City Campus North  
Wolverhampton  
WV1 1AD

Tel: xxxxxxxxxxxxxxxxxxxxxxxx  
Email: xxxxxxxxxxxxxxxxxxxxxxxx

Dear.....

I am writing to invite you to participate in a research project, which I am conducting as part of a Professional Doctorate programme in Health and Social Care at the University of Wolverhampton. I enclose an information sheet, which explains the project.

If you are willing to be interviewed, the interview would take approximately 60 minutes and be taped. Anything you say would be confidential and the report would not include names so that you could not be identified. The interview would take place in a quiet location either in placement or at University, where a time will be arranged that is convenient.

If you feel that you would like to be interviewed please indicate on the attached sheet and send this back to me using the enclosed envelope. If you would prefer not to be involved, please destroy this letter.

Yours sincerely,

Elizabeth Clifton  
Senior Lecturer Adult Nursing

**Response letter to researcher**

Dear Liz,

I am willing to take part in your research study:- (Re) conceptualizing the role of the academic tutor in the practice learning community.

Name.....

Placement/details .....

Suggested interview venue  
(placement/university) .....

Contact details (email/phone number).....

Please return to:-

Elizabeth Clifton  
Senior Lecturer  
Adult Nursing  
The University of Wolverhampton  
School of Health and Wellbeing  
City Campus  
Room xxxx  
Molineux Street  
Wolverhampton  
WV1 1AD

## Appendix 12: Ethical Approval - Study Phase One

Name: \_\_\_\_\_ Elizabeth Clifton

Date: -----14<sup>th</sup> May 2012-----

Decision of School Research Ethics sub-Committee

**Code 1. Approved without amendments** (proceed with study, following procedures within your local Trust/HA).

1) Please note that you must use the University logo on all appendixes not the NHS one.

2) Please use your student email address and we suggest you remove your phone number.

3) Amend your consent form so it states initial boxes.

Signed *H Paniagua* \_\_\_\_\_ (Chair of School Research Ethics sub-Committee)



HP/EH

14<sup>th</sup> May 2012

Elizabeth Clifton

School of Health and Wellbeing

MH Building

Dear Elizabeth,

**Re: “Conceptualizing the role of the academic link teacher in the practice learning community”**

The School of Health and Wellbeing Ethics Sub-Committee Board met on *14<sup>th</sup> May 2012* **Your project was approved without amendments**, and you now may proceed with this study.

It was agreed for your project to be awarded the following Codes.

University Category: A1- Favourable

I would like to wish you every success with the project.

Yours sincerely

*H Paniagua*

Dr H Paniagua PhD MSc, BSc (Hons) Cert. Ed. RN RM  
Chair – School Ethics Committee

## **Appendix 13: Study Ethical Approval - Phase Two**

### **Letter to Dr Hilary Paniagua - Email response confirmation received 5th June 2014**

02/05/14

Dr Hilary Paniagua

Senior Lecturer

Chair FEHW Ethics Committee

Dear Hilary,

#### **Approval to proceed to stage two data collection of Professional Doctorate Research Study**

##### **(Re) Conceptualizing the role of the nurse academic link teacher in the practice learning community**

I wish to notify you and seek approval to proceed to stage 2 in my research study which was considered by the Ethics Committee on the 14<sup>th</sup> May 2012. Approval was granted for me to conduct research in the XXXXX and XXXXX NHS Trusts based upon my proposal, stage 1 having now been completed of my ethnographic study. I wish to progress to stage 2 in June and plan to conduct a focus group of three research participants who are members of staff from the Faculty of Education Health and Wellbeing and have previously given consent to be involved in the study. Follow up one to one interviews involving the participants may take place after the focus group meeting.

The focus group schedule and items for discussion following stage 1 study findings would be made available if required.

I do not envisage there to be any additional ethical considerations to those discussed in my research proposal. Participant consent, anonymity and confidentiality would be maintained as well as the right to withdraw from the study by promotion of participant consent and provision of study information.

I look forward to your response,

Yours sincerely,

*Liz Clifton*

Elizabeth Clifton

Senior Lecturer in Adult Nursing

Doctoral Student in Health and Wellbeing

**Appendix 14: Study Approval from the Dean of School of Health**



☎ 01902 xxxxxxxx

Fax: xxxxxxxx

Email: xxxxxxxx

**Our Ref:** LL/df

**Date:** 19 April 2012

Ms Liz Clifton  
Senior Lecturer  
Adult Nursing/Clinical Practice Team  
School of Health and Wellbeing  
MH213  
University of Wolverhampton

Dear Liz

Thank you for your email of 18 April 2012 and attached Proposal. Subject to Ethical Approval, I am happy for you to undertake your study with the School of Health and Wellbeing.

The topic is obviously very interesting and therefore, I would really like to know about your findings. If you could towards the end of the study get in touch to give me some feedback that would be very useful.

I wish you every success in your project.

Best wishes,

Yours sincerely

A handwritten signature in black ink, appearing to read 'Linda Lang'.

Professor Linda Lang  
**Dean – School of Health and Wellbeing**

## Appendix 15: Study Ethical Approval from NHS Trusts

# The Dudley Group of Hospitals

NHS Foundation Trust

**RESEARCH & DEVELOPMENT DIRECTORATE**  
**CLINICAL RESEARCH UNIT, 1<sup>st</sup> FLOOR, NORTH WING**   
**Tel/Fax: 01384 321024/ 01384 456111 Ext 1024**

Russells Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ

19 September 2012

Mrs Elizabeth Clifton  
Senior Lecturer Adult Nursing  
The University of Wolverhampton  
School of Health and Wellbeing, City Campus  
Molineux Street  
Wolverhampton  
WV1 1SB

Dear Liz

**Re: ID1069 (Re)conceptualising the role of the academic link teacher in the practice learning community**

**Sponsor: The University of Wolverhampton**

**Date of NHS Permission: 14 September 2012**

NHS permission for the above research has been granted on the basis described in the application form, protocol and supporting documentation. The documents reviewed for this purpose are:

<u>Document</u>	<u>Version and date</u>
R&D form	110718/352698/14/409
SSI form	110718/336761/6/89/165324/247158
Investigator CV	Elizabeth Clifton
Interview guide (students)	Version 1, dated 17 September 2012
Interview guide (staff)	Version 1, dated 17 September 2012
Student nurse participant information sheet	Version 1, dated 17 September 2012
University and trust staff participant information sheet	Version 1, dated 17 September 2012
General consent form and right to withdraw	Version 1, dated 17 September 2012
Letter to participants	Version 1, dated 17 September 2012
Observation schedule	Version 1, dated 17 September 2012
Research proposal	Version 1, dated 17 September 2012

The Trust has no concerns regarding the potential risks of this study and in the event of any claim made you will be covered by the University of Wolverhampton indemnity arrangements.

Permission has been granted on the understanding that the study is conducted in accordance with the Research Governance Framework, Trust policies and procedures. Permission is only granted for the activities for which a favourable opinion has been given by the university ethics committee.

Enclosed with this letter you will find copies of policies relevant to undertaking this piece of research in the Trust:

- (a) The Trust's policy for taking and documenting informed consent for research studies;

Chairman: John Edwards

**A Teaching Trust of  
the University of Birmingham**

Chief Executive: Paula Clark

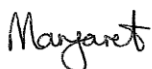


- (b) The Trust's Policy for addressing fraud and misconduct in research
- (c) PI Checklist

Please complete and return the PI checklist to the R&D Office at your earliest convenience in order to comply with the Trust's research governance policy.

I wish you well in your investigations.

Yours sincerely



Margaret Marriott (Mrs)  
Research & Development Manager

Cc -

Yvonne O'Connor, Deputy Nursing Director

Michelle Derry, Professional Development Lead

Dr Pauline Fuller, Academic Supervisor – University of Wolverhampton

Dr Della Sadler Moore, Academic Supervisor – University of Wolverhampton

# The Royal Wolverhampton

NHS Trust

Research & Development Directorate  
The Chestnuts  
Wolverhampton  
West Midlands  
WV10 0QP

Ref: YH/KK

Ms E Clifton  
Senior Lecturer  
Adult Nursing  
The University of Wolverhampton  
City Campus  
Room MH 213

Tel: 01902 695065  
Fax: 01902 695682

Date: 30<sup>th</sup> April 2013

Dear Elizabeth

**Letter of access for research: Conceptualising the role of the academic link teacher in the practice learning community**

This letter confirms your right of access to conduct research through The Royal Wolverhampton NHS Trust for the purpose and on the terms and conditions set out below. This right of access commences on 30<sup>th</sup> April 2013 and ends on 3<sup>rd</sup> April 2014 unless terminated earlier in accordance with the clauses below.

You have a right of access to conduct such research as confirmed in writing in the letter of permission for research from this NHS organisation. Please note that you cannot start the research until the Principal Investigator for the research project has received a letter from us giving permission to conduct the project.

The information supplied about your role in research at The Royal Wolverhampton NHS Trust has been reviewed and you do not require an honorary research contract with this NHS organisation. We are satisfied that such pre-engagement checks as we consider necessary have been carried out.

You are considered to be a legal visitor to The Royal Wolverhampton NHS Trust premises. You are not entitled to any form of payment or access to other benefits provided by this NHS organisation to employees and this letter does not give rise to any other relationship between you and this NHS organisation, in particular that of an employee.

While undertaking research through The Royal Wolverhampton NHS Trust, you will remain accountable to your employer, University of Wolverhampton, but you are required to follow the reasonable instructions of Paul Jackson in this NHS organisation or those given on her/his behalf in relation to the terms of this right of access.

Where any third party claim is made, whether or not legal proceedings are issued, arising out of or in connection with your right of access, you are required to co-operate fully with any investigation by this NHS organisation in connection with any such claim and to give all such assistance as may reasonably be required regarding the conduct of any legal proceedings.

Chief Executive: David Loughton CBE  
Preventing Infection - Protecting Patients

A Teaching Trust of the University of Birmingham  
WCA 929 14.09.10



You must act in accordance with The Royal Wolverhampton NHS Trust policies and procedures, which are available to you upon request, and the Research Governance Framework.

You are required to co-operate with The Royal Wolverhampton NHS Trust in discharging its duties under the Health and Safety at Work etc Act 1974 and other health and safety legislation and to take reasonable care for the health and safety of yourself and others while on The Royal Wolverhampton NHS Trust premises. You must observe the same standards of care and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of any other contract holder and you must act appropriately, responsibly and professionally at all times.

You are required to ensure that all information regarding patients or staff remains secure and *strictly confidential* at all times. You must ensure that you understand and comply with the requirements of the NHS Confidentiality Code of Practice (<http://www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf>) and the Data Protection Act 1998. Furthermore you should be aware that under the Act, unauthorised disclosure of information is an offence and such disclosures may lead to prosecution.

You should ensure that, where you are issued with an identity or security card, a bleep number, email or library account, keys or protective clothing, these are returned upon termination of this arrangement. Please also ensure that while on the premises you wear your ID badge at all times, or are able to prove your identity if challenged. Please note that this NHS organisation accepts no responsibility for damage to or loss of personal property.

We may terminate your right to attend at any time either by giving seven days' written notice to you or immediately without any notice if you are in breach of any of the terms or conditions described in this letter or if you commit any act that we reasonably consider to amount to serious misconduct or to be disruptive and/or prejudicial to the interests and/or business of this NHS organisation or if you are convicted of any criminal offence. Your substantive employer is responsible for your conduct during this research project and may in the circumstances described above instigate disciplinary action against you.

The Royal Wolverhampton NHS Trust will not indemnify you against any liability incurred as a result of any breach of confidentiality or breach of the Data Protection Act 1998. Any breach of the Data Protection Act 1998 may result in legal action against you and/or your substantive employer.

If your current role or involvement in research changes, or any of the information provided in your Research Passport changes, you must inform your employer through their normal procedures. You must also inform your nominated manager in this NHS organisation.

Yours sincerely



**Yvonne Hague MBA, The Royal Wolverhampton NHS Trust**

cc: **R&D office at The Royal Wolverhampton NHS Trust**  
**HR department of University of Wolverhampton**

**Appendix 16: Study Process Consent Phase One Field Work - Observations on Placement Areas**

Dear Student/Mentor/colleague,

Today at your meeting is an additional Senior Lecturer, Elizabeth Clifton, who is conducting a research study on the Role of the Academic Link Tutor. This will involve Elizabeth being present with the Academic Link Tutor during the session/ visit/meeting today.

Elizabeth will check that you have no objection to her being present to observe the Academic Link Tutor. If you would prefer to see the Academic Link Tutor alone Elizabeth will respect this.

Thank you

Elizabeth Clifton

SRN, Senior Lecturer and Nurse Researcher

**Appendix 17: Process Consent Phase One Field Work - Student Support Sessions**

Dear Student/Mentor,

Today at the support session/support visit is an additional Senior Lecturer, Elizabeth Clifton, who is conducting a research study on the Role of the Academic Link Tutor. This will involve Elizabeth being present with the Academic Link Tutor during the session or visit today.

Elizabeth will check that you have no objection to her being present to observe the Academic Link Tutor supporting you today. If you would prefer to see the Academic Link Tutor alone Elizabeth will respect this.

Thank you

Elizabeth Clifton

SRN, Senior Lecturer and Nurse Researcher

### **Appendix 18: Study Observation Schedule - Phase One Field Work**

NHS Trust (code):

Location (code):

Student Cohort:

Observer:

Date:

Time:

**Key:** T=teaching, F=facilitation, TD=teacher documentation, TA=teacher assessing  
P=dealing with pastoral activities, R=referral to support staff

Events	Duration	Teacher Activity	Field Notes
Student practice preparation session			
Meeting with student in placement			
Meeting with mentor in placement area			
Student support session in practice			
Student evaluation session in practice			
Student action planning in practice			
Practice mentor update Session			
Practice team meeting in the trust			
Practice team meeting in university			
Placement allocation meeting			
Academic link tutor contact with student outside placement <ul style="list-style-type: none"><li>• Telephone</li><li>• Email</li><li>• In class</li><li>• Other</li></ul>			
Link tutor educational audit process			

## **Appendix 19: Transcribed Record of Part of Field Work Observation - Phase One**

### **Page one of twelve**

#### **First Observation Record 13th November 2012 - Day spent with Nurse Link Teacher Yvette 09.30 to 17.30 in an Acute NHS Trust**

Activity:-One pre-registration nursing student support session (first year placement group 212), lunch, meeting with ward manager on acute medical ward in relation to student drug error, meeting with mentor on Emergency department, ad hoc meeting with Practice Placement Manager (PPM), meeting with third year student and mentor on Rheumatology ward, two visits to ward areas to discuss second year student progress with mentors and see students (Year two Placement 3).

At 9.40 I met with the academic link tutor in the Costa cafe as previously arranged. She was slightly late as she said she had made a call to the Principal Lecturer which lasted 30 minutes, to discuss student issues relating to the students we were meeting later that day. Bought a coffee for the two of us and discussed the day ahead handing the tutor further information about my role and purpose, discussed consent issues. She showed me her notes taken from meetings with students in practice, PPMs, phone calls, commented how she had panicked the night before when she thought she had lost all of her notes. Started to talk about how she was finding the role, mentioned that a colleague was on study leave for the whole of November and another had time allocated for the role but she was unsure how the time was being spent in the role. She talked about her feelings on the role, the difficulties combining the role with academic work in university and own doctorate study requirements. She talked about her feelings when entering the hospital that morning and mentioned that "she had a sick feeling" thinking about the day. She discussed preparing for the day by way of phone calls and emails and the planned visits to meet with mentors and students.

Our first activity at 10.00 was facilitation of a support session for first placement year one students. We walked to the room where 34 Group 212 students were sat around a large board style table, in one of the meeting rooms in the Education centre, the room was so full with some students sat on tables at the back of the room. We were greeted warmly, some students in the room were my own personal students and some I was known to as had taught in university during their first weeks in university. I remember looking around the room to gauge their emotions and feelings before collecting a spare chair and sitting towards the back of the room but facing the tutor. The Link Tutor sat with the students around the table and gave me opportunity to explain my presence and hand out information sheets to them explaining my role. The students appeared surprised but pleased I was with them.

The first question the link tutor asked was "had it been a bit overwhelming for them?" during the first 3 weeks since their first placement had started. The students did not respond straight away but when the tutor re-emphasised "shock, overwhelming?" the students started to provide responses, "giving the drugs under supervision", "met mentor on first day.....had a nice day.....was expecting to be told lots". The tutor asked where they "floating?", the students replied by giving their experiences of meeting their mentors and their expectations of the first 3 induction weeks in which they appeared to have different expectations to what they experienced. The tutor asked "do you feel you are not inducted to the area?", meaning the placement area. The students gave examples of the things that they were not told during induction, it was difficult to know if the students were... referring to university or placement information.

## **Appendix 20: Interview Guide Staff - Phase One Field Work**

### **Staff Interview Guide**

#### **Key questions to cover in the interview:-**

What is your role?

How long have you been working in your role?

Does your role involve any aspects of student support in practice?

Have you had any experiences of working with the link tutor?

Does the role of the link tutor affect your role in practice/university?

How do you see the role of the link tutor developing in the future?

#### **Clarifying Questions**

Can you explain that further?

Can you tell me more about that?

What do you mean by that?

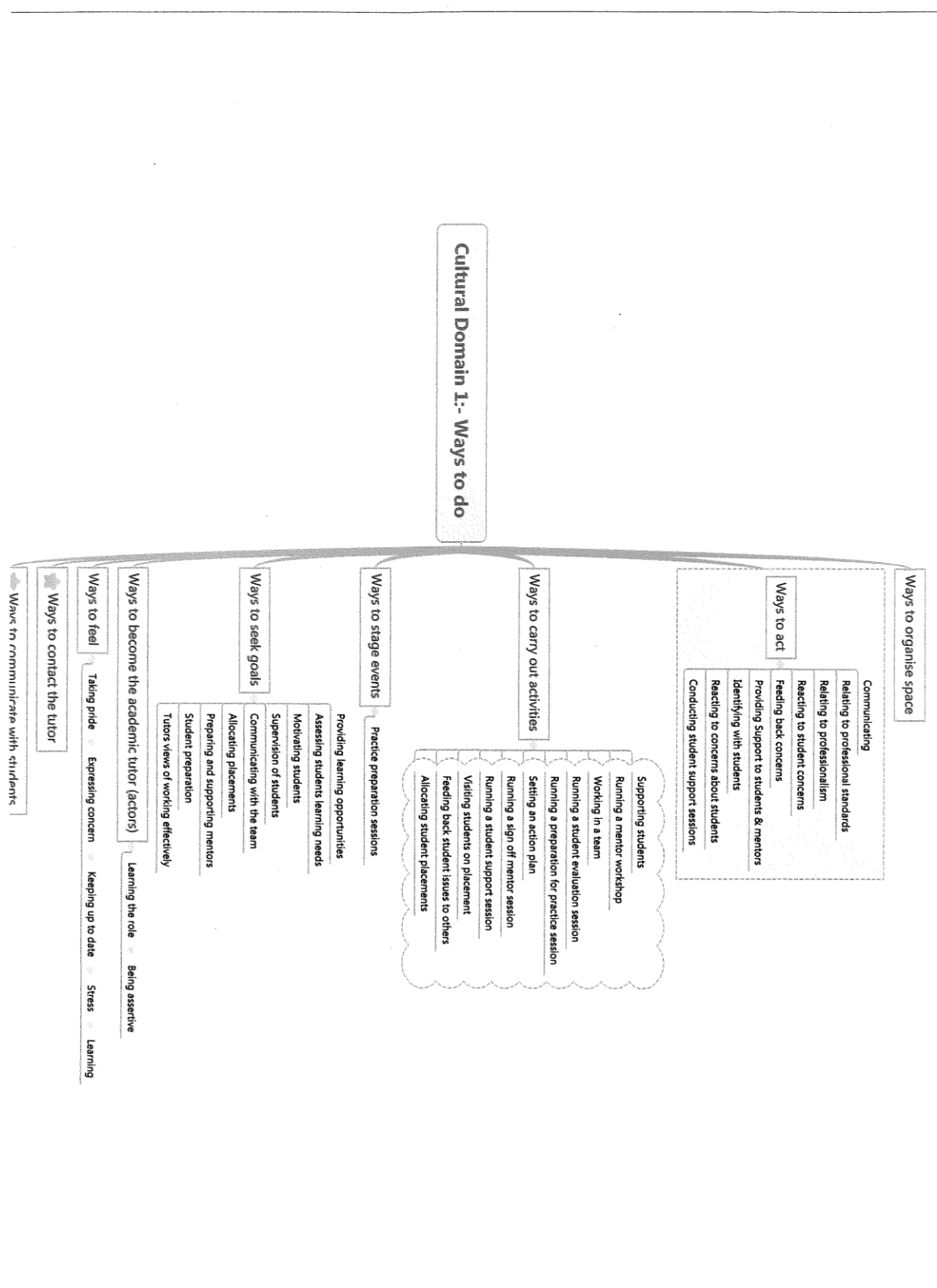
How did that make you feel?

What did/does that include?

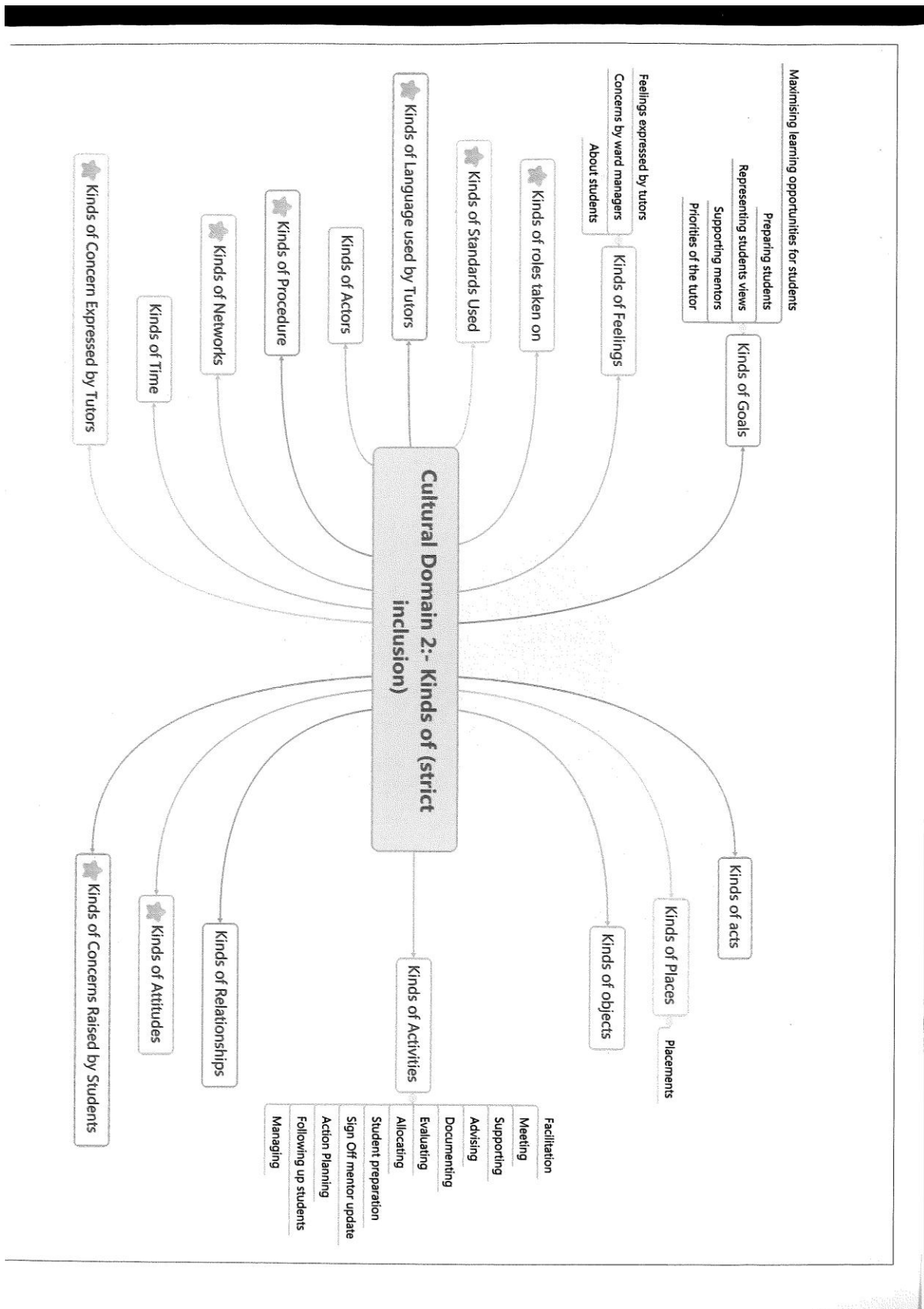
Can you give me an example?

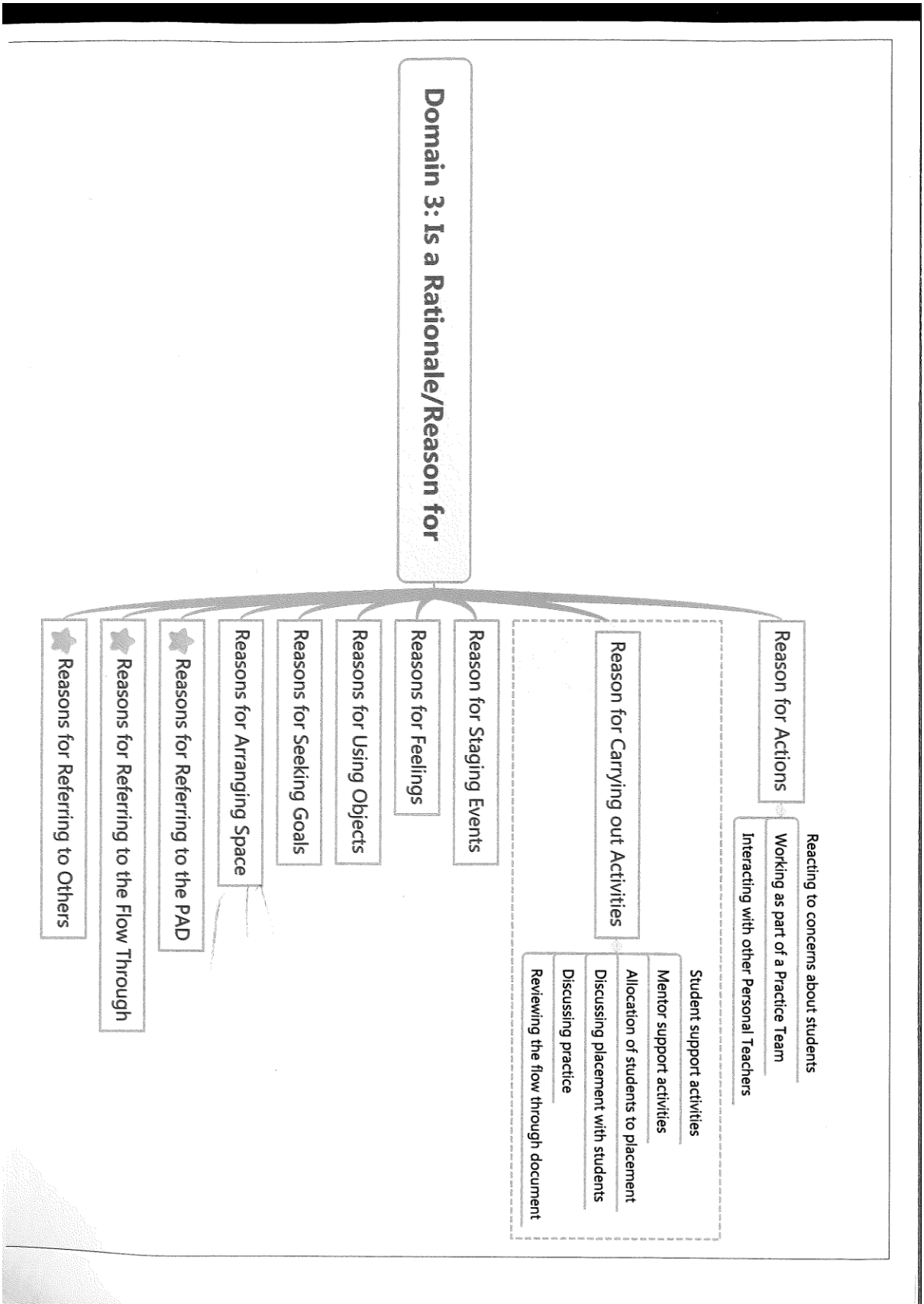
Is there anything else?

## Appendix 21: Mind Maps of Three Domains - Phase One Part of Data Analysis









## **Appendix 22: Focus Group Participant Information Phase Two**

### **Focus Group 12th June 2014 Participant Information**

- The researcher will provide a short presentation of the research to date, background to the research problem and emerging findings
- During the focus group 3 short vignettes will be presented of "a day in the life of the academic in practice". These vignettes have been written, using data carried out during field work and maintaining confidentiality of participants. Participants will be asked if these represent a reflection of their role and how?
- Participants are requested to bring to the focus group, a short vignette, reflection, poem or picture that represents an aspect of their life as an academic in practice. You will be asked to share this with the participants in the group for a couple of minutes. You may wish to consider the following points when completing this:-
  - the context in which you are working
  - the intended outcomes of your work
  - who is involved in your work/role
  - how do you organise what you do
  - what happens as a result of your work
  - what is the impact of your work/role
  - why do things impact on you
  - what problems do you encounter
  - what have you learned about the role

-Coffee Break-

- Working collectively participants will be asked to consider questions in order for the researcher to gain an increased understanding of your role. Participants have been sent this information in advance to start thinking about the questions. During the focus group participants will be asked to discuss and collaboratively identify three main priority responses to each question, these will be collated by the facilitator:-
  1. What is the role of the academic in practice? How is the role performed?
  2. What is important to the tutor in the way they carry out the role?
  3. What sort of activities are carried out by the tutor? Why are these activities carried out?
  4. How does the tutor learn to become an academic in practice?
  5. What impacts on the role?
  6. Who does the tutor interact with?
  7. What does the tutor feel about the role? Does the tutor or others have concerns that impact on them?
  8. What helps the tutor to perform their role?
  9. What may be the role of the academic tutor in practice in the future?

## **Appendix 23: Focus Group Phase Two - Plan**

### **Focus Group Plan 12th June 2014 9.00-11.00**

- Short presentation of the research to date, background to the research problem and findings emerging from the thematic analysis
- Present 3 short vignettes of "a day in the life of the academic in practice" (this could be sent to the participants in advance). These vignettes have been taken from data carried out during field work. Participants will be asked if these represent a reflection of their role and how?
- Ask participants to bring with them to the focus group, a short vignette, poem or picture that represents an aspect of their life as a academic in picture. They will be asked to talk about this to the participants in the group for a couple of minutes. The participants will be asked to consider some of the following when completing their vignette/story/poem:-
  - the context in which they are working
  - the intended outcomes of their work
  - who is involved
  - how do they organise what they do
  - what happens as a result of their work
  - what the impact is of their work/role
  - why do things impact on them
  - what problems do they encounter
  - what have they learned about the role

-Coffee Break-

- Working collectively the participants will be asked to consider questions in order for the researcher to gain an increased understanding of their role (structural questions from Spradley Domain analysis). Participants will be sent this information in advance to start thinking about the questions. During the focus group participants will be asked to discuss and collaboratively identify three main priority responses to each question, these will be collated by the facilitator:-
1. What is the role of the academic in practice? How is the role performed?
  2. What is important to the academic tutor in the way they carry out the role?
  3. What sort of activities are carried out by the academic tutor? Why are these activities carried out?
  4. How does the tutor learn to become an academic in practice?
  5. What impacts on the role?
  6. Who does the tutor interact with?
  7. What does the tutor feel about the role? Does the tutor or others have concerns that impact?
  8. What helps the tutor to perform their role?
  9. What may be their role in the future?

## **Appendix 24: Focus Group Question Guide - Phase Two**

### **Question Guide**

1. Do the vignettes presented represent a reflection of your role? How?
2. How does your picture/poem represent an aspect of your life as a link tutor?
3. Working collectively identify aspects of the following: what is your role, how is it performed?
4. What is important in the way you carry out your role?
5. What does the link tutor do and why?
6. How does the tutor learn to become a link tutor?
7. What impacts on your role? Who do you interact with?
8. What do you feel about your role?
9. Do others have concerns that impact on you?
10. What helps you to perform your role?
11. What may be your role in the future?

**Appendix 25: Transcribed Record of Part of Focus Group - Phase Two (One of Thirty Four Pages)**

Participant 1: But also they are very emotive issues, often very emotive, so how do we detach ourselves from the emotions that are going on, you know a student has been raped, attacked, or lost a partner, how do we

Participant 3: I was asked recently at my workload how many personal students I had, I said that depends on how many or how many students I give pastoral care to

Participant 1: Yep

Participant 3: Because that is every 200 and something or other in trust 2

Participant 1 and 2: Yes

Participant 3: So actually if you add that to my personal students I have got 240

Participant 1: Do you know what sometimes you give more pastoral care

Participant 3: Than a personal tutor (all participants nodding in agreement)

Participant 2: In the practice role

Facilitator: Why?

Participant 1: Because you are the person that they have offloaded to, you are the link to practice, you are the person that they have shared

Participant 3: All their personal problems seem to come out.....

Participant 2: I was just going to say that

Participant 3: By the things they see and the lives they touch and the people they meet it seems to bring out all their personal problems

Participant 2: They (the students) can juggle it a bit better when they are in uni and manage it a bit better but when they are out in practice and working and have issues or problems, things that life throws at them that they cannot cope with it because they are out there in the work place

Participant 1: Have you ever found (28:22) and I have found repeatedly that students will almost taken me on as a personal tutor

Participant 3: Yes agreed

Participant 1: Once there has been an issue in practice and we have shared deep emotional issues, I have obviously not shared my home with them there is a professional barrier there but thereafter for the remainder of the course.....

Participant 3: Yes

Participant 2: They have come to you first

Participant 1: They have come to me first, they will knock my door

## **Appendix 26: Data Analysis Phase One - Domain Analysis**

Pattern Identification of Three Domains

Domain 1,2 and 3 (Ways to, Kinds of and Rationale for)

<b>Domain 1 - Ways to (means to an end)</b>	<b>Patterns</b>
1. Ways to communicate	Interactions & Impacts on Practice
2. Ways to relate to professional standards	Standard Setting
3. Ways to relate to professionalism	Standard setting
4. Ways to react to student concerns	Reacting
5. Ways to feed back student concerns to others	Feeding back
6. Ways to provide support to students and mentors	Supportive
7. Ways to identify with students	Relating
8. Ways to react to concerns about students	Reacting
9. Ways to conduct a student support session	Supportive
10. Ways to support students & mentors	Supportive
11. Ways to run a mentor workshop	Facilitating/Preparing Others
12. Ways to work in a team	Team-working
13. Ways to run a student evaluation session	Supportive/Facilitating
14. Ways to run a preparation for practice session	Preparing others
15. Ways to set an action plan	Reacting
16. Ways to run a sign off mentor session	Facilitating/Preparing
17. Ways to run a student support session	Supportive
18. Ways to visit students on placement	Supportive
19. Ways to feed back issues to others	Feeding back
20. Ways to allocate students to placements	Allocating
21. Ways to stage a practice preparation session	Preparing others
22. Ways to provide learning opportunities	Learning and teaching
23. Ways to assess students learning needs	Learning and teaching
24. Ways to motivate students	Learning and teaching & Impacts on Practice
25. Ways to supervise students	Learning and teaching
26. Ways to communicate with the team	Interactions/team-working
27. Ways to allocate placements	Allocating
28. Ways to prepare and support mentors	Preparing others/supportive
29. Ways to seek goals by student preparation	Preparing others
30. Ways to work effectively as an academic in practice	Feelings
31. Ways to learn the role	Developing self
32. Ways to being assertive	Feeling/Team-working
33. Ways to feel pride	Feeling
34. Ways to express concern	Feeling/expressing concerns
35. Ways to keep up to date	Developing self
36. Ways to feel stress	Feeling
37. Ways to learn	Developing self
38. Ways to contact the tutor	Interactions
39. Ways to communicate with students	Interactions
<b>Domain 2 - Kinds of (strict Inclusion)</b>	<b>Patterns</b>
1. Kinds of placements	Supportive
2. Kinds of facilitating activities	Facilitating
3. Kinds of meetings	Interactions
4. Kinds of support	Supportive
5. Kinds of advice	Interactions
6. Kinds of documenting activities	Feeding back
7. Kinds of evaluation	Supportive/facilitating
8. Kinds of allocation	Allocating
9. Kinds of student preparation activities	Preparing others

10. Kinds of sign off mentor update activities	Facilitation/preparing
11. Kinds of action planning	Reacting
12. Kinds of follow up of students	Reacting
13. Kinds of management activities	Interactions/supportive
14. Kinds of interactions with others	Interactions
15. Kinds of attitudes	Feelings
16. Kinds of concern raised by students	Reacting
17. Kinds of concern expressed by tutors	Feelings/expressing concerns
18. Kinds of networks	Interactions
19. Kinds of procedure	Standard setting
20. Kinds of language used by tutor	Expressing/language
21. Kinds of standards used	Standard setting
22. Kinds of roles used/taken	Impacts on practice
23. Kinds of feelings expressed by students	Reacting
24. Kinds of feelings expressed by ward managers	Reacting
25. Kinds of feelings expressed by tutors	Feelings
26. Kinds of maximising learning opportunities	Learning and teaching
27. Kinds of preparation of students	Preparing others
28. Kinds of representing students views	Reacting
29. Kinds of support for mentors	Supportive
30. Kinds of priorities	Impacts on practice
<b>Domain 3 - Reasons/rationale for (rationale)</b>	<b>Patterns</b>
1. Reasons for reacting to concerns about students	Reacting
2. Reasons for working as part of a team	Team-working
3. Reasons for interacting with personal teachers	Interactions
4. Reasons for carrying out student support	Supportive
5. Reasons for carrying out mentor support	Supportive
6. Reasons for reviewing the flow through	Use of artefacts
7. Reasons for discussing practice	Preparing others
8. Reasons for discussing placements with students	Preparing others
9. Reasons for allocation of students to placements	Allocating
10. Reasons for feelings in the role	Feelings
11. Reasons for referring to trust policy and procedure	Standard setting
12. Reasons for referring to the PAD	Use of artefacts
13. Reasons for referring to the Flow-Through	Use of artefacts
14. Reasons for referring to others	Interactions



**Appendix 27: Focus Group Data Analysis - Code Development (Page One of Eighteen)**

Data Analysis 2nd Phase Field Work Focus Group 12th June 2014			
Codes from transcript	Memos	Subcategories	Categories/Themes
Acknowledgement of changing roles	A new strategy of practice engagement from Sep 2014 involving all adult nursing lecturers	Role Transition (RT)	
Apprehension of changing role	Practice team will become practice leads/coordinators in new set up	RT	
Decision making and changing role	Nurse Link Tutors feel they are having to make big decisions about the new role as team leads	RT	
Concerns about parity of decision making	Should decisions about roles be the same across trust practice teams	RT	
Confirming that academics view students more holistically	In comparison with trust partners academics agreed they look at the students holistically	Link Tutors concept of their role/work (C of R)	
Researcher reflexivity	Researcher acknowledgement of preconceptions and possible bias as had previously been an academic in practice	Researcher reflexivity	
Use of humour	Nurse link tutors use humour when interacting with each other	Group Interaction - use of humour as emotional release	
Awareness of role complexity	Nurse link tutors realise role complexity following review of researcher mind mapped activity	C of R	
Use of artefacts - flow through	Nurse link tutors are reliant on the student flow through chart in order to support students in their role	Essential and Cultural Features of the role (ECF and R)	
Use of metaphor/simile - the flow through	The nurse link tutors refer to "the flow through as my bible"	ECF and R	
Value of/reason for - artefacts	Flow through and PAD are well used by the link tutor in their student support role	ECF and R	

**Appendix 28: Focus Group Data Analysis - Codes, Sub-Categories and Memos (One of Seventeen Pages)**

Sub-Categories	Codes		Memos	
Role Transition		Acknowledgement of changing roles	A new strategy of practice engagement from Sep 2014 involving all adult nursing lecturers	
		Apprehension of changing role	Practice team will become practice leads/coordinators in new set up	
		Decision making and changing role	Nurse link tutors feel they are having to make big decisions about the new role as team leads	
		Concerns about parity of decision making	Should decisions about roles be the same across trust practice teams	
		Role changes - transition	One tutor hoped to be able to stand back more when they became practice coordinators	
		Role changes enabling new role focus	Nurse link tutors view their new role as practice coordinators may enable a desired new focus on teamwork & building relationships	
		Anxieties about role changes	With the greater number of academics working in practice in the future there was seen to be a threat to them	
		Relationship with fellow academics in practice	Would new staff coming into the practice roles help practice?	
	Changing role - transition		There will be a transition of roles during the change	
	Identification of need for cohesion in the changing practice team roles		This cohesion was seen as important in the way the new team structures need to be organised	
	Concerns about the changing practice role		Team working would be a big challenge for the practice leads in the new teams	
	Concerns about loss of practice team cohesion		The practice teams have lost their focus and belief. Reference to the previous NMC Inspection rated "Exceptional" for practice	
	Protection of the role		The strength in the role comes from the current practice team coming together. New changes coming in are seen as a threat to the role	

**Appendix 29: Data Analysis Phase Two Focus Group - Refined Themes and Categories (One of Four Pages)**

Themes	Category	Code
<b>Passion for Practice</b>	<b>Link Tutors Concept of their Role(positive)</b>	
	Includes sub-category elements:- cultural characteristics, link tutors concept of role)	Need for passion for practice
		Driven by standards
		Knowledge base - clinically credible, expert practitioner, use of professional judgement and knowledge
		Need for - flexibility, responsive, being dynamic
		Pastoral care role
		Teacher - facilitator, enabler, quality
		Dealing with a crisis
		Team-working - importance, the practice team, value of the team as supportive of each other, differing perceptions of teamwork, teamwork adds strength as the role is difficult
		Difficult decision making - using professional judgement
		Practitioners view of Communities of Practice
		Autonomous but this need can cause stress
		Gatekeeper - quality
		Student led
		Other senior lecturers are disconnected from practice
		Protection of practice - practice areas

### **Appendix 30: Theme Development Phase Two Focus Group - Theme One**

Theme Development Phase Two - Theme One: Hidden Aspects of the Role - Emotional Involvement in the Role (Page One of Three)

Focus Group Transcript 12/06/2014	Code	Memo	Sub category	Code Refinement	Category
<p>Participant 1: "I am relating to absolutely everything that you are saying (directed towards the facilitator showing mind mapped activities of the role of the link tutor). What would be really interesting...this role that is coming out...shows how much we have done...and only two of us (turns to participant 3), how have we done this?...</p> <p>Participant 1: "...but also they are very emotive issues (relating to student nurses), so how do we detach ourselves from the emotions going on?"</p> <p>Participant 1: "...you are the person that they have offloaded to, you are the link to practice, you are the person that they (the student) have shared..."</p> <p>Participant 3: "I said this role is probably time limited because how much it takes out of you...I am extremely passionate</p>	Realisation & confirmation of role perception & feelings	Participants validate perceptions of role stress and surprise at being able to fulfil role	Link Tutors Feelings - expressed through language, dialogue, poetry, visual methods and theme board	Dealing with emotive situations - difficulties of detachment, burden	Feelings expressed as a negative concept of the role
	Realisation of extent of role	Tutors are shocked when they see the extent of the role mapped out		Need for support - colleagues, manager and trust colleagues	
	Emotional aspects of role and difficulties of detachment	Tutors have to deal with emotional situations concerning student nurses in practice		Role stress and strain - combining roles and carrying out the role safely	
	Emotional burden	Dealing with emotive situations and student support can be a burden for the tutor		Jaded and burn out	
				Time limited	
	Role strain	Tutor suggests the role is stressful emotionally and should be limited for a period of time		Feel under-pressure to make decisions	
				Lack of consultation in role	
	Acknowledgement of emotional aspects of role	The work of the tutor is emotionally draining, there is a		Difficulties achieving a work-life balance	
Want to feel valued and given praise					